

EXHIBIT TO COMPLAINT

Reported Date (mm/dd/yyyy) **9/16/18** Time (24 hours) **2353** Occurred Date (mm/dd/yyyy) **9/16/18** Time (24 hours) **1952** ☐ Officer Initiated ☒ Radio Run ☐ Walk-in ☐ ICAD (NYC) ☐ Complaint # **607**

Address (Street No., Street Name, Bldg. No., Apt No.) **32 WILLIAM ST.** City, State, Zip **PORT JEFFERSON STA. 11776**

Name (Last, First, M.I.) (Include Aliases) **PERSO MICHAEL** DOB (mm/dd/yyyy) **3/26/84** Age: **34** ☐ Female ☒ Male ☐ Self-Identified:

Address (Street No., Street Name, Bldg. No., Apt No.) **32 WILLIAM ST.** Victim Phone Number: **631-987-2344** Language: **ENGLISH**

City, State, Zip **PORT JEFF STATION NY 11776** ☒ White ☐ Black ☐ Asian ☐ Hispanic ☒ Non Hispanic ☐ Unknown ☐ American Indian ☐ Other ☐ Other Identifier:

Name (Last, First, M.I.) (Include Aliases) **PERSO JESSICA** DOB (mm/dd/yyyy) **6/12/85** Age: **33** ☒ Female ☐ Male ☐ Self-Identified:

Address (Street No., Street Name, Bldg. No., Apt No.) **1 KATE CT.** Language: **ENGLISH**

City, State, Zip **PORT JEFFERSON NY 11777** ☒ White ☐ Black ☐ Asian ☐ Hispanic ☒ Non Hispanic ☐ Unknown ☐ American Indian ☐ Other ☐ Other Identifier:

Do suspect and victim live together? ☐ Yes ☒ No Suspect/P2 present? ☐ Yes ☒ No Was suspect injured? ☐ Yes ☒ No If yes describe: Possible drug or alcohol use? ☐ Yes ☒ No Suspect supervised? ☐ Probation ☐ Parole ☒ Not Supervised ☒ Status Unknown

Suspect (P2) Relationship to Victim (P1) ☒ Married ☐ Intimate Partner/Dating ☐ Formerly Married ☐ Former Intimate Partner ☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative: ☐ Other: Do the suspect and victim have a child in common? ☒ Yes ☐ No

Emotional condition of VICTIM? ☒ Upset ☐ Nervous ☐ Crying ☐ Angry ☐ Other:

What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?
I WAS VIDEO CHATTING AND SHE ENDED THE CALL.

Did suspect make victim fearful? ☐ Yes ☒ No If yes, describe:

Weapon Used? ☐ Yes ☒ No Gun: ☐ Yes ☐ No Other, describe: Suspect Threats? ☐ Yes ☒ No If Yes, Threats to: ☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide ☐ Other Describe:

Access to Guns? ☐ Yes ☒ No If yes, describe: Injured? ☐ Yes ☒ No If yes, describe: Strangulation? ☐ Yes ☒ No ☐ Loss of Consciousness ☐ Urination/Defecation ☐ Red eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swallowing Visible Marks? ☐ Yes ☒ No If yes, describe:

In Pain? ☐ Yes ☒ No If yes, describe: What did the SUSPECT say (Before and After Arrest): **N/A**

710.30 completed? ☐ Yes ☒ No

Child/Witness (1) Name (Last, First, M.I.) DOB: Child/Witness(1) Address (Street No., Name, Bldg./Apt) City, State, Zip Phone: **PERSO, MICHAEL JR 10-21-14 1 KATE CT. PORT JEFFERSON 11777 631-591-2021**

Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name, Bldg./Apt) City, State, Zip Phone:

Briefly describe the circumstances of this incident: **PC(1) REPORTS HE WAS ON A VIDEO CHAT WITH HIS SON AND PC(2) WALKED IN THE ROOM PUSHED THE CHILD OUT OF THE WAY AND ENDED THE VIDEO CHAT. PC(1) THEN TEXTED PC(2)'S MOTHER AND PC(1) GOT A TEXT BACK SAYING "YOU UPSET YOUR SON WITH YOUR ACTIONS, IT'S OVER." PC(1) NEEDS REPORT TO DOCUMENT INCIDENT. THERE IS A FAMILY COURT STAY AWAY ORDER IN EFFECT Docket # 0-07623-18 BY JUDGE GOGIUS EXPRES 5-18-19 WHICH WASN'T VIOLATED. PC(1) NEEDS REPORT FOR DOCUMENTATION PURPOSES TO GET HIS LAWYER A COPY. PISTOL LICENSE CHECK WAS DONE ON BOTH PARTIES AND RETURNED NEGATIVE**

DIR Repository checked? ☒ Yes ☐ No Order of Protection Registry checked? ☒ Yes ☐ No Order of Protection in effect? ☒ Yes ☐ No ☐ Refrain ☒ Stay Away

Evidence Present? ☐ Yes ☒ No Photos taken: ☐ Victim Injury ☐ Suspect Injury ☐ Other: Other Evidence: ☐ Damaged Property ☐ Videos ☐ Electronic Evidence ☐ Other: Destruction of Property? ☐ Yes ☒ No If yes, Describe:

Offense Committed? ☐ Yes ☒ No Was suspect arrested? ☐ Yes ☒ No Offense 1 Law (e.g. PL) Offense 2 Law (e.g. PL) If no, explain: **No Offense**

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:	Is suspect capable of killing you or children?
Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:	Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:
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Signatures:

Reporting Officer (Print and Sign include Rank and ID#) <u>Thomas M Warren PO 1335/60/4</u>	Supervisor (Print and Sign include Rank and ID#) <u>Strecker Sgt 1357/60/4</u>
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STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)
PERSO, JESSICA

I MICHAEL PERSO (Victim/Deponent Name) state that on 9/16/2018 (Date)
at 32 WILLIAM ST. (Location of incident) in the County/City/Town/Village PORT JEFFERSON
STATEN of the State of New York, the following did occur: I WAS ON VIDEO CHAT (GOOGLE DUD)
WITH MY SON WHICH I'M AUTHORIZED TO DO DAILY WHEN I DON'T HAVE
CUSTODY OF MEKEY AND JESSICA WALKED IN THE ROOM, PUSHED MEKEY
OUT OF THE WAY AND ENDED MY VIDEO CHAT WITH MY SON. I
THEN TEXTED JESSICA'S MOTHER AND ASKED WHY HER DAUGHTER ENDED
MY VIDEO CHAT AND I GOT A REPLY "YOU UPSET YOUR SON WITH YOUR
ACTIONS. IT'S OVER." I NEEDED TO DOCUMENT THIS INCIDENT AND HAVE
A COPY FOR MY LAWYER. I WANT TO HAVE DOCUMENTED THAT I CLEARLY
DID NOT UPSET MY SON, WE WERE HAVING A GOOD TIME TILL JESSICA
ENDED OUR VIDEO CHAT.

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature <u>Thomas M Warren PO 1335/60/4</u>	Date <u>9-16-18</u>
Witness or Officer Signature	Date <u>9-16-18</u>

Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.	Page <u>1</u> Of <u>1</u>
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Agency: SCPD		A		05/10/19		18-396693	
Reported Date (MM/DD/YYYY): 7/10/18		Time (24 hours): 1715		Occurred Date (MM/DD/YYYY): 7/10/18		Time (24 hours): 1630	
<input type="checkbox"/> Officer Initiated		<input checked="" type="checkbox"/> Radio Run		<input type="checkbox"/> Walk-in		Complaint # 611	
<input type="checkbox"/> ICAD (NYC)							
Address (Street No., Street Name, Bldg. No., Apt No.): 32 WILLIAM ST				City, State, Zip: PORT JEFF STATION, NY 11776			
Name (Last, First, M.I.) (Include Aliases): PERSO, MICHAEL				DOB (MM/DD/YYYY): 3/26/84		Age: 34	
Address (Street No., Street Name, Bldg. No., Apt No.): S.A.A.				Victim Phone Number: 316-512-9177		Language: ENG	
City, State, Zip:				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
<input type="checkbox"/> American Indian <input type="checkbox"/> Other				<input type="checkbox"/> Other Identifier:			
How can we safely contact you? (i.e. Name, Phone, Email):				DOB (MM/DD/YYYY): 6/12/85		Age: 33	
Name (Last, First, M.I.) (Include Aliases): PERSO, JESSICA				Suspect Phone Number:		Language:	
Address (Street No., Street Name, Bldg. No., Apt No.): 1 KATE CT				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
City, State, Zip: PORT JEFFERSON, NY 11777				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole		<input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown					
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner				Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: Other: CHILD IN COMMON							
Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: CALM							
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? N/A							
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:				Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:			
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide			
<input type="checkbox"/> Other Describe:							
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation			
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing			
Visible Marks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:							
What did the SUSPECT say (Before and After Arrest): N/A							
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Child/Witness (1) Name (Last, First, M.I.): PERSO, MICHAEL		DOB: 10/21/14		Child/Witness(1) Address (Street No., Name, Bldg./Apt): 1 KATE CT		City, State, Zip: PORT JEFFERSON, NY 11777	
Child/Witness (2) Name (Last, First, M.I.):		DOB:		Child/Witness(2) Address (Street No., Name, Bldg./Apt):		City, State, Zip:	
Briefly describe the circumstances of this incident: PI REPORTS HIS FATHER THOMAS PERSO 6/9/50, MEETS P2 AT 1075 PORTION RD, FARMINGVILLE TO PICK UP HIS SON MICHAEL PERSO 10/21/14 AS PER THEIR CUSTODY AGREEMENT THROUGH COURT AND P2 DID NOT SHOW UP WITH THEIR SON. PI, P2 AND THEIR HOMES CHECKED FOR PISTOL LICENSE, NEG RESULTS							
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Refrain <input type="checkbox"/> Stay Away <input checked="" type="checkbox"/>							
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:	
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: NO OFFENSE		Offense 1: --- Law (e.g. PL): ---		Offense 2: --- Law (e.g. PL): ---	

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

CUSTODY DISPUTES

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or

Local Domestic Violence Service Provider: ()

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☒ No

Strangled or "choked" you? ☐ Yes ☒ No

Beaten you while you were pregnant? ☐ Yes ☒ No

Is suspect capable of killing you or children?

☐ Yes ☒ No

Is suspect violently and constantly jealous of you?

☐ Yes ☒ No

Has the physical violence increased in frequency or severity over the past 6 months?

☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☐ Yes ☒ No if NO, Why:

N/A

Was Victim Rights Notice given to the Victim? ☐ Yes ☒ No if NO, Why:

N/A

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

Palmer 622075

Supervisor (Print and Sign include Rank and ID#)

Thomas 1134/610/2

Elmer 106344/610/2

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

PERSO, JESSICA 6/12/85

I MICHAEL PERSO 3/26/04 (Victim/Deponent Name) state that on 7/10/18, (Date)

at 1075 PORTION RD (Location of incident) in the County/City/Town/Village FARMINGVILLE

of the State of New York, the following did occur: MY FATHER, THOMAS

PERSO 6/9/10 WENT TO PICK UP MY SON MICHAEL
PERSO 10/21/14 AS PER OUR COURT AGREEMENT AND
JESSICA PERSO 6/12/85 DID NOT SHOW UP. JESSICA
SAID TO MY FATHER THAT SHE WAS NOT
COMING.

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

Date

7/10/18

Witness or Officer Signature

Date

Date

Interpreter Signature and Interpreter Service Provider Name

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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Of
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Incident	Reported Date (MM/DD/YYYY)	Time (24 hours)	Occurred Date (MM/DD/YYYY)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-In	Complaint #
	06/21/18	1155	06/21/18	1100	<input type="checkbox"/> ICAD (NYC)			612
Victim (P1)	Address (Street No., Street Name, Bldg. No., Apt No.)				City, State, Zip			
	DUNKIN DONUTS 1175 BORTON RD				FARMINGVILLE NY			
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)				DOB (MM/DD/YYYY)		Age:	
	PERSO, MICHAEL				03/26/84		34	
Victim (P2)	Address (Street No., Street Name, Bldg. No., Apt No.)				Victim Phone Number:		Language:	
	32 WILLIAM ST				631 512 9177		ENG.	
Suspect (P2)	Address (Street No., Street Name, Bldg. No., Apt No.)				DOB (MM/DD/YYYY)		Age:	
	1 KATE CT				06/12/85		33	
Victim (P2)	City, State, Zip				Suspect Phone Number:		Language:	
	PORT JEFFERSON NY				UNK		ENG.	
Suspect (P2)	Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:	
					Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	
Suspect (P2)	Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input checked="" type="checkbox"/> Formerly Married <input checked="" type="checkbox"/> Former Intimate Partner				Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other: CHILD IN COMMON							
Victim (P2)	Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: CALM							
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? "MY EX DENIED VISITATION"							
Victim (P2)	Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:							
Victim (P2)	Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
	Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:							
Victim (P2)	Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation			
	In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing			
Victim (P2)	Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
	What did the SUSPECT say (Before and After Arrest): NOT AT SCENE							
Witnesses	710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
	Child/Witness (1) Name (Last, First, M.I.)		DOB:	Child/Witness (1) Address (Street No., Name, Bldg./Apt)		City, State, Zip	Phone:	
Witnesses	PERSO, THOMAS		6/9/50	70 LA BOUNNE VE DA		PATCHOGUE NY	606 9810	
	Child/Witness (2) Name (Last, First, M.I.)		DOB:	Child/Witness (2) Address (Street No., Name, Bldg./Apt)		City, State, Zip	Phone:	
Witnesses	PERSO, MICHAEL, JR.		11/21/14	1 KATE CT		NY		
	Briefly describe the circumstances of this incident: COMPL. REPORTS THIS DAY, HIS FATHER W/ ABOVE, DID GO TO J/C TO PICK UP HIS SON, W/2, FOR COURT ORDERED VISITATION. COMPL. REPORTS THE CHILD'S MOTHER, P2 DID NOT SHOW UP TO J/C WITH THE CHILD AS ORDERED BY FAMILY COURT JUDGE MORRIS ON 5/22/18 DOCKET # 0-7623-18. P2 SPOKE TO W1 ON THE PHONE WHO STATED HE WAS AT J/C AND WAITED APPROX 20 MINS, AND P2 DID NOT ARRIVE. REPORT FOR FAMILY COURT DOCUMENTATION. O.I. IN EFFECT. NOT VIOLATED. NEG. PISTOL LICENSE.							
Evidence	DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refrain <input checked="" type="checkbox"/> Stay Away			
	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:	
Offense	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: NO OFFENSE		Offense 1		Law (e.g. PL)	
					Offense 2		Law (e.g. PL)	

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):
NUMEROUS VISITATION VIOLATIONS
D.P. IN EFFECT

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:	Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:
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Signatures:
Reporting Officer (Print and Sign Include Rank and ID#) **Pina Antonio B 4338/60/201**
Supervisor (Print and Sign Include Rank and ID#) **Edmund R Sgt. 1343/60/12 Ryb**

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.) **PERLO, JESSICA A**

I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)
at _____ (Location of incident) in the County/City/Town/Village _____
of the State of New York, the following did occur: _____

NONE

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature Pina Antonio B 4338/60/201	Date 6/21/18	Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.	Page 1 of 1
Witness or Officer Signature	Date 6/21/18		
Interpreter Signature and Interpreter Service Provider Name		Date	
Interpreter Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

POLICE COPY (Please make a copy for DA's office if appropriate)	NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906	3221-03/2016 DCJS Copyright © 2016 by NYS DCJS
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Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

Domestic Reports

Numerous prior

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☒ No

Strangled or "choked" you? ☐ Yes ☒ No

Beaten you while you were pregnant? ☐ Yes ☒ No

Is suspect capable of killing you or children? ☐ Yes ☒ No

Is suspect violently and constantly jealous of you? ☐ Yes ☒ No

Has the physical violence increased in frequency or severity over the past 6 months? ☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why:

Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

Supervisor (Print and Sign include Rank and ID#)

WAIKE

PO 6389/610/5

Sgt Vincent DiResta 610/5

Sgt V. DiResta

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

Perso, Michael

I **Jessica Perso** (Victim/Deponent Name) state that on **05/14/18**, (Date)

at **1 Kate Ct** (Location of incident) in the County/City/Town/Village

Brookhaven of the State of New York, the following did occur: **I am aware you can't do anything for me at this moment but the D.A.'s office told me to make a report for court purposes. He is out of control with his messages**

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

J Perso

Witness or Officer Signature

PO 6389/610/5

Date

5/14/18

Date

Interpreter Signature and Interpreter Service Provider Name

Interpreter Requested ☐ Yes ☐ No Interpreter Used ☐ Yes ☐ No

Date

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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Incident	Reported Date (MM/DD/YYYY)		Time (24 hours)		Occurred Date (MM/DD/YYYY)		Time (24 hours)		<input type="checkbox"/> Officer Initiated <input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-In <input type="checkbox"/> ICAD (NYC)		Complaint #	
	05/10/2018		1612		05/10/2018		1134				610	
Victim (P1)	Address (Street No., Street Name, Bldg. No., Apt No.)								City, State, Zip			
	32 William St								Port Jefferson Station NY 11776			
Victim (P2)	Name (Last, First, M.I.) (Include Aliases)								DOB (MM/DD/YYYY)		Age:	
	Perso, Michael								03/26/1984		34	
Suspect (P1)	Address (Street No., Street Name, Bldg. No., Apt No.)								Victim Phone Number:		Language:	
	32 William St								516-512-9177		ENG	
Suspect (P2)	City, State, Zip								<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:	
	Port Jefferson Station											
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)								DOB (MM/DD/YYYY)		Age:	
	Perso, Jessica								06/12/1985		32	
Suspect (P2)	Address (Street No., Street Name, Bldg. No., Apt No.)								Suspect Phone Number:		Language:	
	1 Kate Ct										ENG	
Suspect (P2)	City, State, Zip								<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:	
	Port Jefferson NY 11777											
Suspect (P2)	Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole		<input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	
Suspect (P2)	Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner								Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative:											
Victim Interview	Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: calm											
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? "She denied me visitation"											
Victim Interview	Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:											
	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:											
Suspect	Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:								Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:			
									<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:			
Suspect	Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation							
	In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
Suspect	What did the SUSPECT say (Before and After Arrest):											
	Not present											
Witnesses	Child/Witness (1) Name (Last, First, M.I.)		DOB:		Child/Witness(1) Address (Street No., Name, Bldg./Apt)				City, State, Zip		Phone:	
	Perso, Michael		none		1 Kate Ct				Port Jefferson NY 11777		-	
Witnesses	Child/Witness (2) Name (Last, First, M.I.)		DOB:		Child/Witness(2) Address (Street No., Name, Bldg./Apt)				City, State, Zip		Phone:	
Incident Narrative	Briefly describe the circumstances of this incident: P1 reports P2 denied him visitation exchange today and did not want P1's dad to come to the school to pick up P1. P1 requests police documentation for his records.											
	A Pistol Check - Negative Negative orders of protection											
Evidence	DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away			
	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:				Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:			
Offense	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Offense 1		Law (e.g. PL)	
	If no, explain: visitation											
								Offense 2		Law (e.g. PL)		

Agency: SCPD	ORI: B	Incident #: 05101	Complaint #: 18-270706
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): Visitation exchange			
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()			
Has Suspect ever:		Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.			
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:		Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:	

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

Matt Cumi PO 6575/600/1

Supervisor (Print and Sign include Rank and ID#)

Sgt Carey Spt 1284/600/4 Carey**STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION**

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)**Perso, Jessica**

I, **Perso, Michael** (Victim/Deponent Name) state that on **65 / 10 / 2018**, (Date)
 at **32 William St** (Location of incident) in the County/City/Town/Village **Port**

Jeff Station of the State of New York, the following did occur: **I was told today by Perso, Jessica that I can't pick up my son today today from school with my dad. She denied me my visitation today. I am requesting police documentation for my records.**

Michael Perso DOB 3/26/84 advised to leave in mail box because he was going to the gym. U/S left report in mail box.

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.**Not home and advised to drop in mail box**

Victim/Deponent Signature

Michael Perso PO 6575/600/1

Witness or Officer Signature

Date

5/10/18

Date

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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Interpreter Signature and Interpreter Service Provider Name

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

Date

Reported Date (MM/DD/YYYY)	Time (24 hours)	Occurred Date (MM/DD/YYYY)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint #
05/09/2018	2130	05/09/2018	2044	<input type="checkbox"/> ICAD (NYC)			607
Address (Street No., Street Name, Bldg. No., Apt No.)				City, State, Zip			
32 William St				Port Jeff Station, NY, 11776			
Name (Last, First, M.I.) (Include Aliases)				DOB (MM/DD/YYYY)	Age:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
Perso, Michael				03/26/1984	34	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Victim Phone Number:		Language:	
32 William St				516-512-9177		ENG	
City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
Port Jeff Station NY, 11776				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Name (Last, First, M.I.) (Include Aliases)				DOB (MM/DD/YYYY)	Age:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
Perso, Jessica				06/12/1985	33	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Victim Phone Number:		Language:	
1 Kate Ct						ENG	
City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
Port Jefferson NY, 11777				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner						Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:							
Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: calm							
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?							
She went to court today							
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:						Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:	
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide	
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						<input type="checkbox"/> Other Describe:	
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation	
						<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing	
						Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	
What did the SUSPECT say (Before and After Arrest):							
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Child/Witness (1) Name (Last, First, M.I.)	DOB:	Child/Witness(1) Address (Street No., Name, Bldg./Apt)	City, State, Zip	Phone:			
Perso, Michael	07/21/14	1 Kate Ct	Port Jefferson NY, 11777				
Child/Witness (2) Name (Last, First, M.I.)	DOB:	Child/Witness(2) Address (Street No., Name, Bldg./Apt)	City, State, Zip	Phone:			
Briefly describe the circumstances of this incident: P1 reports that he wants police documentation that his friend Toshon Nauson was present at the house last night when P2 picked up their son. P1 is requesting police documentation for his records. P1 also stated that he wanted police documentation that he was civil last night when P2 picked up their son.							
* Pistol check - negative							
DIR Repository checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Order of Protection Registry checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away	
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:		
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: Visitation		Offense 1	Law (e.g. PL)	Offense 2	Law (e.g. PL)	

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

Visitation exchanges

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☒ No

Strangled or "choked" you? ☐ Yes ☒ No

Beaten you while you were pregnant? ☐ Yes ☒ No

Is suspect capable of killing you or children?

☐ Yes ☒ No

Is suspect violently and constantly jealous of you?

☐ Yes ☒ No

Has the physical violence increased in frequency or severity over the past 6 months?

☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why:

Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

Robert King Robert Ky PO 6685/610/1

Supervisor (Print and Sign include Rank and ID#)

Sgt Carey Sgt 1294/610/4 Carey

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

Perso, Michael Jessica 6/12/85

I, Perso, Michael 3/26/84 (Victim/Deponent Name) state that on 05/09/2018 (Date) at 32 William St (Location of incident) in the County/City/Town/Village Port

Jefferson Station of the State of New York, the following did occur: I am requesting police documentation for my records that my friend Tashen Newsen was at the house last night when Jessica Perso picked up our son at my house. I did let Jessica Perso's dad in my house and he took my son home with Jessica without issue.

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

Robert Ky PO 6685/610/1

Witness or Officer Signature

Date

5/9/18

Date

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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Interpreter Signature and Interpreter Service Provider Name

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

Date

POLICE COPY (Please make a copy for DA's office if appropriate)

NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906

3221- 03/2016 DCJS Copyright © 2016 by NYS DCJS

Reported Date (mm/dd/yyyy) **5/8/2018** Time (24 hours) **2220** Occurred Date (mm/dd/yyyy) **5/8/2018** Time (24 hours) **2100** ☐ Officer Initiated ☒ Radio Run ☐ Walk-in ☐ ICAD (NYC) ☐ Complaint # **607**

Address (Street No., Street Name, Bldg. No., Apt No.) **1 Kate Ct** City, State, Zip **Port JEFF NY 11777**

Name (Last, First, M.I.) (Include Aliases) **Perso, Jessica** DOB (mm/dd/yyyy) **06/12/1985** Age: **32** ☐ Female ☒ Male ☐ Self-Identified:

Address (Street No., Street Name, Bldg. No., Apt No.) **1 Kate Ct** Language: **ENG**

City, State, Zip **Port JEFF NY 11777** ☒ White ☐ Black ☐ Asian ☐ Hispanic ☒ Non Hispanic ☐ Unknown ☐ American Indian ☐ Other ☐ Other Identifier:

Name (Last, First, M.I.) (Include Aliases) **Perso, Michael** DOB (mm/dd/yyyy) **03/26/1984** Age: **34** ☐ Female ☒ Male ☐ Self-Identified:

Address (Street No., Street Name, Bldg. No., Apt No.) **32 William St** Suspect Phone Number: **516-512-9177** Language: **ENG**

City, State, Zip **Port Jefferson Station, NY 11776** ☒ White ☐ Black ☐ Asian ☐ Hispanic ☒ Non Hispanic ☐ Unknown ☐ American Indian ☐ Other ☐ Other Identifier:

Do suspect and victim live together? ☐ Yes ☒ No Suspect/P2 present? ☐ Yes ☒ No Was suspect injured? ☐ Yes ☒ No If yes describe: Possible drug or alcohol use? ☐ Yes ☒ No Suspect supervised? ☐ Probation ☐ Parole ☒ Not Supervised ☐ Status Unknown

Suspect (P2) Relationship to Victim (P1) ☒ Married ☐ Intimate Partner/Dating ☐ Formerly Married ☐ Former Intimate Partner ☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative: ☐ Other: Do the suspect and victim have a child in common? ☐ Yes ☒ No

Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry ☒ Other: **Calm**

What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? **"He was suppose to come back and he won't answer my calls."**

Did suspect make victim fearful? ☐ Yes ☒ No If yes, describe:

Weapon Used? ☐ Yes ☒ No Gun: ☐ Yes ☐ No Other, describe: Suspect Threats? ☐ Yes ☒ No If Yes, Threats to:

Access to Guns? ☐ Yes ☒ No If yes, describe: ☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide ☐ Other Describe:

Injured? ☐ Yes ☒ No If yes, describe: Strangulation? ☐ Yes ☒ No ☐ Loss of Consciousness ☐ Urination/Defecation ☐ Red eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swallowing

In Pain? ☐ Yes ☒ No If yes, describe: Visible Marks? ☐ Yes ☒ No If yes, describe:

What did the SUSPECT say (Before and After Arrest): **N/A**

710.30 completed? ☐ Yes ☒ No

Child/Witness (1) Name (Last, First, M.I.) **Perso, Michael** DOB: **10/21/14** Child/Witness(1) Address (Street No., Name, Bldg./Apt) **1 Kate Ct** City, State, Zip **Port Jefferson, NY 11777** Phone: **---**

Child/Witness (2) Name (Last, First, M.I.) **---** DOB: **---** Child/Witness(2) Address (Street No., Name, Bldg./Apt) **---** City, State, Zip **---** Phone: **---**

Briefly describe the circumstances of this incident: **P1 reports that P2 had supervised visitation today and that P2 was suppose to drop ~~handed~~ C, back off at P1's house afterwards. P1 reports that P2 did not do so. P2 allowed P1 to pick up C, at P1's residence without issue and P1 brought C back to P1's residence for the night.**

*** Pistol Check-negative**

DIR Repository checked? ☒ Yes ☐ No Order of Protection Registry checked? ☒ Yes ☐ No Order of Protection in effect? ☐ Yes ☒ No ☐ Refrain ☐ Stay Away

Evidence Present? ☐ Yes ☒ No Photos taken: ☐ Victim Injury ☐ Suspect Injury ☐ Other: ☐ Electronic Evidence ☐ Other: Destruction of Property? ☐ Yes ☒ No If yes, Describe:

Offense Committed? ☐ Yes ☒ No Was suspect arrested? ☐ Yes ☒ No Offense 1 **---** Law (e.g. PL) **---** Offense 2 **---** Law (e.g. PL) **---**

If no, explain: **Visitation exchange**

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):
Visitation exchange

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why:
Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:
Reporting Officer (Print and Sign include Rank and ID#) Robert King Robert K RO 6685/610/1
Supervisor (Print and Sign include Rank and ID#) Sgt. Beihoff 1285/610/5

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.) Perso, Michael 3/26/84
I Perso, Jessica 6/12/85 (Victim/Deponent Name) state that on 05 / 08 / 2018, (Date)
at 1 Kate Ct (Location of incident) in the County/City/Town/Village

Port Jefferson of the State of New York, the following did occur: My son Michael Perso Jr. was picked up today for supervised visitation with Michael Perso 3/26/84. Michael Perso 3/26/84 did not drop off my son back to me after the visitation. Officer King did speak with Michael Perso 3/26/84 and he was unwilling to allow me to pick my son up at his house on William St where my son was sleeping when I arrived. At this time 10:45 p.m. I did bring my son back to my residence where he will spend the night, after picking him up from Michael Perso 3/26/84. When Michael Jr. was picked up today by his grandfather who is the Supervisor that should be present during visitation was not present at the residence when I picked up my son at 10:45pm tonight.

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature <u>Robert K RO 6685/610/1</u>	Date <u>5/8/18</u>	Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.	Page <u>2</u> Of <u>2</u>
Witness or Officer Signature	Date <u>5/8/18</u>		
Interpreter Signature and Interpreter Service Provider Name Interpreter Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date	

Reported Date (MM/DD/YYYY) 05/06/2018		Time (24 hours) 1938		Occurred Date (MM/DD/YYYY) 05/06/2018		Time (24 hours) 1530		<input type="checkbox"/> Officer Initiated <input type="checkbox"/> ICAD (NYC)		<input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in		Complaint # 607	
Address (Street No., Street Name, Bldg. No., Apt No.) 32 William St								City, State, Zip Port Jefferson, NY 11776					
Name (Last, First, M.I.) (Include Aliases) Perso, Michael								DOB (MM/DD/YYYY) 03/26/1984		Age 34		<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.) 32 William St								Victim Phone Number: 516-512-9177		Language: ENG			
City, State, Zip Port Jefferson, NY 11776								<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:			
Name (Last, First, M.I.) (Include Aliases) Perso, Jessica								DOB (MM/DD/YYYY) 06/19/1985		Age 33		<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.) 1 Kate Ct								[REDACTED]		Language: ENG			
City, State, Zip Port Jefferson, NY 11777								<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:			
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:				Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown			
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:								Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: Calm													
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? "She denied me visitation again today"													
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:													
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:								Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:					
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:													
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:								Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing					
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:								Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:					
What did the SUSPECT say (Before and After Arrest): N/A													
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Child/Witness (1) Name (Last, First, M.I.) Perso, Michael		DOB: 10/21/14		Child/Witness(1) Address (Street No., Name, Bldg./Apt) 32 William St				City, State, Zip Port Jefferson, NY 11776		Phone: —			
Child/Witness (2) Name (Last, First, M.I.) —		DOB: —		Child/Witness(2) Address (Street No., Name, Bldg./Apt) —				City, State, Zip —		Phone: —			
Briefly describe the circumstances of this incident: P₁ reports P₂ denied him visitation exchange of C₁ today. P₁ reports P₂ he wants police documentation of the incident to bring to court.													
*Pistol Check - Negative													
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away					
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:				Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:					
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: N/A		Offense 1 —		Law (e.g. PL) —		Offense 2 —		Law (e.g. PL) —			

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

Visitation exchange

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:	Is suspect capable of killing you or children?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect violently and constantly jealous of you?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the physical violence increased in frequency or severity over the past 6 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why: Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:

Reporting Officer (Print and Sign include Rank and ID#) Robert King Robert K PO 6685/601 Supervisor (Print and Sign include Rank and ID#) B. J. J. 5/6/18 5/6/18 10/10

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

Perso, Jessica
I Perso, Michael (Victim/Deponent Name) state that on 05 / 06 / 2018, (Date)
at 32 William St (Location of incident) in the County/City/Town/Village Port Jefferson
of the State of New York, the following did occur: At approximately 3:30 p.m today I went to go pick up my son at Kate Ct, Port Jefferson from Jessica Perso in which at this time she denied me of the visitation exchange. I am requesting police documentation for my records at this time.

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature [Signature] Date 5/6/18
Witness or Officer Signature Robert K PO 6685/601 Date 5/6/18

Note:
Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

Page 2
Of 2

Interpreter Signature and Interpreter Service Provider Name
Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No Date

Reported Date (MM/DD/YYYY) **05/06/2018** Time (24 hours) **1551** Occurred Date (MM/DD/YYYY) **05/06/2018** Time (24 hours) **1540** ☐ Officer Initiated ☒ Radio Run ☐ Walk-In ☐ ICAD (NYC) Complaint # **18-2632016**

Address (Street No., Street Name, Bldg. No., Apt No.) **1 KATE CT** City, State, Zip **MT SINAI, NY 11766**

Name (Last, First, M.I.) (Include Aliases) **PERSO, JESSICA** DOB (MM/DD/YYYY) **06/12/1985** Age: **32** ☒ Female ☐ Male ☐ Self-Identified:

Address (Street No., Street Name, Bldg. No., Apt No.) **1 KATE CT** Language: **ENG**

City, State, Zip **MT SINAI** ☒ White ☐ Black ☐ Asian ☐ Hispanic ☒ Non Hispanic ☐ Unknown ☐ American Indian ☐ Other ☐ Other Identifier:

Name (Last, First, M.I.) (Include Aliases) **PERSO, MICHAEL** DOB (MM/DD/YYYY) **03/26/1984** Age: **34** ☐ Female ☒ Male ☐ Self-Identified:

Address (Street No., Street Name, Bldg. No., Apt No.) **32 WILLIAM ST** Suspect Phone Number: **516-512-9177** Language: **ENG**

City, State, Zip **PORT JEFF STATION** ☒ White ☐ Black ☐ Asian ☐ Hispanic ☒ Non Hispanic ☐ Unknown ☐ American Indian ☐ Other ☐ Other Identifier:

Do suspect and victim live together? ☐ Yes ☒ No Suspect/P2 present? ☒ Yes ☐ No Was suspect injured? ☐ Yes ☒ No If yes describe: Possible drug or alcohol use? ☐ Yes ☒ No Suspect supervised? ☐ Probation ☐ Parole ☒ Not Supervised ☐ Status Unknown

Suspect (P2) Relationship to Victim (P1) ☒ Married ☐ Intimate Partner/Dating ☐ Formerly Married ☐ Former Intimate Partner Do the suspect and victim have a child in common? ☒ Yes ☐ No ☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative: ☐ Other:

Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry ☒ Other: **CALM**

What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? **HE'S SUPPOSED TO HAVE SUPERVISED VISITS**

Did suspect make victim fearful? ☐ Yes ☒ No If yes, describe:

Weapon Used? ☐ Yes ☒ No Gun: ☐ Yes ☒ No Other, describe: Suspect Threats? ☐ Yes ☒ No If Yes, Threats to: ☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide ☐ Other Describe:

Access to Guns? ☐ Yes ☒ No If yes, describe: Injured? ☐ Yes ☒ No If yes, describe: Strangulation? ☐ Yes ☒ No ☐ Loss of Consciousness ☐ Urination/Defecation ☐ Red eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swallowing Visible Marks? ☐ Yes ☒ No If yes, describe:

In Pain? ☐ Yes ☒ No If yes, describe:

What did the SUSPECT say (Before and After Arrest): **I JUST WANT TO SEE MY SON**

710.30 completed? ☐ Yes ☒ No

Child/Witness (1) Name (Last, First, M.I.) **PERSO, MICHAEL** DOB: **10/21/14** Child/Witness(1) Address (Street No., Name, Bldg./Apt) **1 KATE CT MT SINAI NY 11766** City, State, Zip **MT SINAI, NY 11766** Phone:

Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name, Bldg./Apt) City, State, Zip Phone:

Briefly describe the circumstances of this incident: **P1 STATED THAT P2 SHOWED UP TODAY FOR A VISITATION WITH HER SON, CHILD 1. P1 STATED THAT THE VISITATION IS SUPPOSED TO BE SUPERVISED AS PER FAMILY COURT. P2 DID NOT SHOW UP WITH A SUPERVISOR AND WAS THERE FOR DENIED VISITATION. P2 STATED HE IS NO LONGER REQUIRED TO HAVE A SUPERVISOR FOR VISITATION. BOTH PARTIES ADVISED TO CONTACT COURT FAMILY COURT TO RESOLVE CUSTODY ISSUE. P2 LEFT 1/2 AND THERE IS NEGATIVE FURTHER PROBLEM AT THIS TIME.**

PISTOL LICENSE CHECK NEGATIVE

DIR Repository checked? ☒ Yes ☐ No Order of Protection Registry checked? ☒ Yes ☐ No Order of Protection in effect? ☐ Yes ☒ No ☐ Refrain ☐ Stay Away

Evidence Present? ☐ Yes ☒ No Photos taken: ☐ Victim Injury ☐ Suspect Injury ☐ Other: ☐ Damaged Property ☐ Videos ☐ Electronic Evidence ☐ Other: Destruction of Property? ☐ Yes ☒ No If yes, Describe:

Offense Committed? ☐ Yes ☒ No Was suspect arrested? ☐ Yes ☒ No Offense 1 Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 Law (e.g. PL) Offense 2 Law (e.g. PL)

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First, Best)

VISITATION

If the Victim answers "yes" to any questions in this box refer to
Local Domestic Violence Service Provider: ()

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☒ NoStrangled or "choked" you? ☐ Yes ☒ NoBeaten you while you were pregnant? ☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect,

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-6

Was DIR given to the Victim at the scene? ☒ Yes ☐ No If NO, Why:

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

STATEMENT OF AL

* Officers are encouraged to assist the Victim in completing this section of the

Suspect Name (Last, First, M.I.)

PEASO

I JESSICA PEASO 6/12/85

at 1 RATE 9, MT SINAI

SUFFOLK of the State of New York, the

BECAUSE MY HUSBAND WNO

SHOW FOR VISITATION WITH

MICHAEL LEFT.

False Statements made herein are punishable

Victim/Deponent Signature

Witness or Officer Signature

Interpreter Signature and Interpreter Service Provider Name

Interpreter Requested ☐ Yes ☐ No Interpreter Used ☐ Yes

Reported Date (MM/DD/YYYY) 10/17/18		Time (24 hours) 2115		Occurred Date (MM/DD/YYYY) 10/17/18		Time (24 hours) 1504		<input type="checkbox"/> Officer Initiated <input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-In		Complaint # 607	
Address (Street No., Street Name, Bldg. No., Apt No.) 32 WILLIAM ST.		City, State, Zip PORT JEFFERSON STATION NY 11776		DOB (MM/DD/YYYY) 3/26/84		Age: 34		<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.) 32 WILLIAM ST.		City, State, Zip PORT JEFF STATION 11776		Victim Phone Number 631-977-2344		Language: ENGLISH		<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		<input type="checkbox"/> American Indian <input type="checkbox"/> Other	
How can we safely contact you? (i.e. Name, Phone, Email)		Name (Last, First, M.I.) (Include Aliases) PERSO MICHAEL		DOB (MM/DD/YYYY) 6/12/85		Age: 33		<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.) 1 KATE CT. PORT JEFF		City, State, Zip PORT JEFFERSON 11777		Language: ENGLISH		<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole		<input type="checkbox"/> Not Supervised <input checked="" type="checkbox"/> Status Unknown	
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner		Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:							
Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:											
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? I NEED TO DOCUMENT. SHE STILL ISN'T GIVING ME CUSTODY OF MY SON.											
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:											
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:											
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:											
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:											
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:											
Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation											
<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing											
Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:											
What did the SUSPECT say (Before and After Arrest): N/A											
710.30 completed? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Child/Witness (1) Name (Last, First, M.I.) PERSO MICHAEL JR		DOB: 10-21-14		Child/Witness(1) Address (Street No., Name, Bldg./Apt) 1 KATE CT.		City, State, Zip PORT JEFFERSON NY 11777		Phone: 631-592-2021			
Child/Witness (2) Name (Last, First, M.I.)		DOB:		Child/Witness(2) Address (Street No., Name, Bldg./Apt)		City, State, Zip		Phone:			
Briefly describe the circumstances of this incident: P(1) REPORTS THAT P(2) IS REFUSING TO GIVE HIM VISITATION OF HIS SON AND ALSO FAILING TO GIVE P(1) HIS DAILY PHONE CONVERSATION WITH HIS SON. P(1) NEEDS REPORT TO DOCUMENT INCIDENT FOR COURT TOMORROW. P(1) ALSO SHOWED THE UNDERSIGNED HIS CELL PHONE RECORD, REQUESTING HIS DAILY PHONE CALL WITH HIS SON A 3:04PM WHICH WAS DENIED. ORDER OF PROTECTION WAS NOT VIOLATED DOCKET # 0-07623-18 ISSUED BY JUDGE GOGIUS. EXPIRES 5-18-19 POSTUO LICENSE CHECK RETURNS NEGATIVE.											
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refrain <input checked="" type="checkbox"/> Stay Away											
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, Describe:			
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:		Offense 1		Law (e.g. PL)		Offense 2		Law (e.g. PL)	
POLICE COPY (Please make a copy for DA's office if appropriate)											
NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906											
3221-03/2016 DCJS Copyright © 2016 by NYS DCJS											

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):
9-28-18 LAST
5-19-18 WAST
10-24-17 FIRST

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:	Is suspect capable of killing you or children?
Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:	Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:
---	---

Signatures:
Reporting Officer (Print and Sign include Rank and ID#) **Thom M Warren PO1335/6014**
Supervisor (Print and Sign include Rank and ID#) **SEN1257/GIAM GRIGGS**

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)
PERSO, JESSICA A.

I **MICHAEL J. PERSO** (Victim/Deponent Name) state that on **10/17/2018** (Date)
at **32 WILLIAM ST. PORT JEFF STA.** (Location of incident) in the County/City/Town/Village

of the State of New York, the following did occur: **I NEEDED TO DOCUMENT THIS VISITATION VIOLATION FOR COURT TOMORROW. JESSICA STILL ISN'T LETTING ME SEE MY SON. I ALSO SHOWED THE OFFICER MY PHONE RECORD TO SHOW THAT I REQUESTED A PHONE CALL AT 3:04PM AND I WAS DENIED. I ALSO SHOWED THE OFFICER THE ENTIRE WEEKS REQUESTS WHICH WERE ALSO DENIED.**

(Use additional page as needed)
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature Thom M Warren PO1335/6014	Date 10-17-18	Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.	Page 1 Of 1
Witness or Officer Signature	Date 10-17-18		
Interpreter Signature and Interpreter Service Provider Name	Date		
Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No			

ARREST	DATE OF ARREST 11/29/18	TIME OF ARREST 2151	ARREST TYPE SIGHT (SUMMARY)		LOCATION OF ARREST 32 WILLIAM ST, PT JEFFERSON STA		() INSIDE (X) OUTSIDE		
	INCIDENT LOCATION: 1 KATE CT PORT JEFFERSON, BROOKHAVEN				OCCURRED: (X) ON () BETWEEN		DATE: 11/26/18 TIME: 1838 TO DATE: TIME:		
	ARRESTING OFFICER: SIDDALL,DEREK J			PID # 40723	SHIELD 6445	RANK PO	COMMAND 0620		
	FINGER PRINTED: (X) YES () NO		PHOTOGRAPHED: (X) YES () NO		WEAPON (DESCRIBE)				
ARRESTEE	CT 001	LAW PL	ART 215.50	SUB 03	CLASS A	DEG 2	CAT M	DESCRIPTION CRIM CONTEMPT-2ND:DISOBEY CRT	ATT. COMP. X
	LAST NAME PERSO			FIRST MICHAEL	MI J	NICKNAME / ALIAS			DATE OF BIRTH 03/26/1984
	ADDRESS 32 WILLIAM ST			CITY PORT JEFFERSON STA	STATE NY	ZIP 11777	NYSID# 01046246H	SOCIAL SECURITY # 589-28-7770	
	HOME PHONE 6319972344		CELL PHONE		CELL CARRIER		EMAIL ADDRESS		
	MARITAL STATUS SINGLE		MOTHER'S MAIDEN NAME DAY,COCILIA		CITIZENSHIP US		RESIDENCY STATUS		IMMIGRATION STATUS
	BIRTHPLACE: CITY FLUSHING		COUNTY QUEENS		STATE NY		COUNTRY US		MILITARY SERVICE
	SEX M	RACE/ETHNICITY WHITE NON HISPANIC		HEIGHT 508	WEIGHT 180	EYE COLOR GRN	EYE DEFECTS NOR	HAIR COLOR BRO	HAIR LENGTH / STYLE SHO WVC
	BUILD MED	COMPLEXION WHI	L/R HANDED R	SPEECH NOR	CLOTHING BLACK SWEATSUIT		MUST/BEARD NON	VISIBLE SCARS/MOLES NON NON	AMPUTATION
	LANGUAGE ENG		TRANSLATOR UTILIZED () YES (X) NO		GANG MEMBER () YES (X) NO		GANG NAME STREET NAME		
	TATTOO (DESCRIBE) ITALIAN FLAG WITH PERSO WRITTEN ABOVE								
EMPLOYMENT	EMPLOYER SELF-EMPLOYED						PHONE NUMBER 6312941179		
	BUSINESS ADDRESS						CITY	STATE	ZIP
	OCCUPATION PROMOTION						COLLECTING UNEMPLOYMENT () YES () NO		DISABILITY BENEFITS () YES () NO
VEHICLE	VIN #		PLATE #		STATE	YEAR	MAKE	MODEL	COLOR
	LICENSE # 163 233 045 NY		DISPOSITION			VIOLATION(S)			
DWI	DWI TEST TYPE:		COURT ORDERED: () YES () NO		TEST DATE:		TEST TIME:		TEST KIT NUMBER:
	TEST ADMINISTERED BY:						TEST LOCATION:		

BRIEF DETAILS OF OFFENSE:

THE DEFENDANT, AT 1 KATE CT, MOUNT SINAI, IN THE TOWN OF BROOKHAVEN, SUFFOLK COUNTY, NEW YORK, ON OR ABOUT NOVEMBER 26, 2018, AT APPROXIMATELY 6:38 P.M., ENGAGED IN INTENTIONAL DISOBEDIENCE OR RESISTANCE TO THE LAWFUL PROCESS OR OTHER MANDATE OF A COURT; IN THAT,

MAR 04 2019
CENTRAL RECORDS
SUFFOLK COUNTY POLICE DEPARTMENT

REPORTING OFFICER NAME SIDDALL,DEREK J	RANK PO	SHIELD 6445	COMMAND 0620	PCT 06	SECTOR 613
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Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:
Threatened to kill you or your children? ☐ Yes ☒ No
Strangled or "choked" you? ☐ Yes ☒ No
Beaten you while you were pregnant? ☐ Yes ☒ No
Is suspect capable of killing you or children? ☐ Yes ☒ No
Is suspect violently and constantly jealous of you? ☐ Yes ☒ No
Has the physical violence increased in frequency or severity over the past 6 months? ☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☐ No
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☐ Yes ☐ No if NO, Why:
Was Victim Rights Notice given to the Victim? ☐ Yes ☐ No if NO, Why:

Signatures:
Reporting Officer (Print and Sign include Rank and ID#) Thomas M. Warden PO 1335/60/4
Supervisor (Print and Sign include Rank and ID#) Stefan J. Milbrink

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.) PERSO MICHAEL J. 3-26-84

I, JESSICA PERSO. (Victim/Deponent Name) state that on 11 / 26 / 2018, (Date)
at 1 KATE CT. (Location of incident) in the County/City/Town/Village PORT JEFFERSON

of the State of New York, the following did occur: AT 6:38PM ON 11-26-18 I RECEIVED AN EMAIL FROM A JON SMITH (JONS686Z@gmail.com) WHICH I KNOW TO BE MY ESTRANGED HUSBANDS EMAIL ACCOUNT BECAUSE I HAVE RECEIVED NUMEROUS EMAILS FROM MICHAEL AT THIS SAME EMAIL FOR PRIOR ITEMS LIKE MEDICAL RECORDS AND DOMESTIC VIOLENCE ISSUES. THIS ACT DOES IN FACT VIOLATE MY FAMILY COURT ORDER OF PROTECTION DOCKET# 0-07623-8 ISSUED BY JUDGE GOGLAS AND EXPIRES 5-18-19. I SWEAR THE ABOVE STATEMENT TO BE TRUE.

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature Jessica Perso
Witness for Officer Signature [Signature]

Date 11-26-18
Date 11-26-18
Date

Note:
Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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Of
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Agency: SCPD		A		DOMESTIC INCIDENT REPORT		05101812		18-235579	
Reported Date (MM/DD/YYYY) 04/22/2018		Time (24 hours) 1740		Occurred Date (MM/DD/YYYY) 04/22/2018		Time (24 hours) 1542		<input type="checkbox"/> Officer Initiated <input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-In	
						<input type="checkbox"/> ICAD (NYC)		Complaint # 607	
Address (Street No., Street Name, Bldg. No., Apt No.) 32 William St						City, State, Zip Port Jeff station NY 11776			
Name (Last, First, M.I.) (Include Aliases) Perso, Michael						DOB (MM/DD/YYYY) 03/26/1984		Age: 34	
						<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.) 32 William St						Victim Phone Number: (516) 512-9177		Language: English	
City, State, Zip Port Jeff station NY 11776						<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
						<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier: —	
Name (Last, First, M.I.) (Include Aliases) Perso, Jessica						DOB (MM/DD/YYYY) 06/14/1985		Age: 32	
						<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.) 1 Kate Ct								Language: English	
City, State, Zip Port Jeff NY 11777						<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
						<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier: —	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole	
								<input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner								Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: —								<input type="checkbox"/> Other: —	
Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: CALM									
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? She's suppose to drop me on off at 4 but she's not answering my calls.									
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:									
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:						Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:			
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide			
						<input type="checkbox"/> Other Describe:			
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation			
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing			
						Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
What did the SUSPECT say (Before and After Arrest): N/A									
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Child/Witness (1) Name (Last, First, M.I.) Perso, Michael		DOB: 10/21/14		Child/Witness(1) Address (Street No., Name, Bldg./Apt) 1 Kate Ct		City, State, Zip Port Jefferson station, NY 11776		Phone: —	
Child/Witness (2) Name (Last, First, M.I.) —		DOB: —		Child/Witness(2) Address (Street No., Name, Bldg./Apt) —		City, State, Zip —		Phone: —	
Briefly describe the circumstances of this incident: P1 reports P2 was suppose to drop off his son at P3's home at 4 pm but did not show up. P1 reports P2 was not answering the phone when he tried contacting her. P1 reports this is an ongoing problem and is requesting Police documentation.									
* Pistol Check - Negative									
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away			
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other: —		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other: —		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, Describe:	
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: visitation		Offense 1 —		Law (e.g. PL) —		Offense 2 —	
								Law (e.g. PL) —	

POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906 3221-03/2016 DCJS Copyright © 2016 by NYS DCJS

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

Visitation exchange

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:	Is suspect capable of killing you or children?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect violently and constantly jealous of you?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the physical violence increased in frequency or severity over the past 6 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:	Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:
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Signatures:

Reporting Officer (Print and Sign include Rank and ID#) Robert King Robert K 18 6685/610/1	Supervisor (Print and Sign include Rank and ID#) Sgt. Beihoff 1885/610/5
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STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

Perso, Jessica

I, Perso, Michael (Victim/Deponent Name) state that on 04/22/2018 (Date)
at 32 William St (Location of incident) in the County/City/Town/Village Port

Jefferson of the State of New York, the following did occur: At approximately 4 p.m.
my son was suppose to be dropped off at my house by Jessica but they did not show up. I even attempted to contact her. I believe that the reason is because they are at a family function that's why they did not show up today.

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature Robert K 18 6685/610/1	Date 4/22/18
Witness or Officer Signature	Date 4/22/18
Interpreter Signature and Interpreter Service Provider Name	Date
Interpreter Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.	Page 2 of 2
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Incident	Reported Date (MM/DD/YYYY)	Time (24 hours)	Occurred Date (MM/DD/YYYY)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-In	Complaint #
	4/14/18	1921/1616	4/14/18	1508	<input type="checkbox"/> ICAD (NYC)			607
Victim (P1)	Address (Street No., Street Name, Bldg. No., Apt No.)				City, State, Zip			
	32 William St				Rt. Jeff Sta NY 11776			
Victim (P2)	Name (Last, First, M.I.) (Include Aliases)				DOB (MM/DD/YYYY)	Age:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
	Perio, Michael				3/26/84	34	<input type="checkbox"/> Self-Identified:	
Suspect (P2)	Address (Street No., Street Name, Bldg. No., Apt No.)				Victim Phone Number:		Language:	
	32 William St				516 5129127		English	
Suspect (P1)	City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
	Rt. Jeff Sta NY 11776				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)				DOB (MM/DD/YYYY)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
	Perio, Jessica				6/14/85	32	<input type="checkbox"/> Self-Identified:	
Suspect (P1)	Address (Street No., Street Name, Bldg. No., Apt No.)				Victim Phone Number:		Language:	
	1 Kate Ct				[REDACTED]		English	
Suspect (P2)	City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
	Rt. Jeff Sta NY 11776				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Suspect (P1)	Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect supervised? <input type="checkbox"/> Probation <input checked="" type="checkbox"/> Parole		
						<input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown		
Suspect (P2)	Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner					Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:							
Victim Interview	Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: Normal / calm							
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? She did it again							
Victim Interview	Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:							
Suspect	Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:					Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:		
						<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide		
Suspect	Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:					Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation		
	In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:					<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing		
Suspect	Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
	What did the SUSPECT say (Before and After Arrest): N/A							
Witnesses	710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Witnesses	Child/Witness (1) Name (Last, First, M.I.)		DOB:	Child/Witness(1) Address (Street No., Name, Bldg./Apt)		City, State, Zip	Phone:	
	Perio, Michael Jr		10/21/14	1 Kate Ct		Rt. Jeff Sta NY 11776		
Witnesses	Child/Witness (2) Name (Last, First, M.I.)		DOB:	Child/Witness(2) Address (Street No., Name, Bldg./Apt)		City, State, Zip	Phone:	
Incident Narrative	Briefly describe the circumstances of this incident: P1 states he had arranged to pick up his son at 0900 hrs from P2 but when he arrived at the home P2 denied him with him. P1 reports it is an ongoing issue. Neg pistol permit. Neg orders of protection.							
Incident Narrative								
Incident Narrative	DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away							
Evidence	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:	
Offense	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain:		Offense 1	Law (e.g. PL)	Offense 2	
							Law (e.g. PL)	

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

Visitation dispute

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or

Local Domestic Violence Service Provider: () _____

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☒ No

Strangled or "choked" you? ☐ Yes ☒ No

Beaten you while you were pregnant? ☐ Yes ☒ No

Is suspect capable of killing you or children?

☐ Yes ☒ No

Is suspect violently and constantly jealous of you?

☐ Yes ☒ No

Has the physical violence increased in frequency or severity over the past 6 months?

☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why: _____

Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why: _____

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

Cappelli PO 6397/610/2

Supervisor (Print and Sign include Rank and ID#)

Johnell LT 610/2 Carrillo

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)

at _____ (Location of incident) in the County/City/Town/Village _____

_____ of the State of New York, the following did occur: _____

Refused

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

Date

4/14/18

Witness or Officer Signature

Date

4/14/18

Interpreter Signature and Interpreter Service Provider Name

Date

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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Reported Date (MM/DD/YYYY) 3/20/18	Time (24 hours) 1843	Occurred Date (MM/DD/YYYY) 3/20/18	Time (24 hours) 1930	<input type="checkbox"/> Officer Initiated <input type="checkbox"/> ICAD (NYC)	<input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in	Complaint # 607
Address (Street No., Street Name, Bldg. No., Apt No.) 32 WILLIAM ST				City, State, Zip PORT JEFF STATION		
Name (Last, First, M.I.) (Include Aliases) PERSO, MICHAEL				DOB (MM/DD/YYYY) 3/26/84	Age: 34	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Self-Identified:
Address (Street No., Street Name, Bldg. No., Apt No.) 32 WILLIAM ST				Victim Phone Number: (516) 512-9177		Language: LWC
City, State, Zip PORT JEFF STATION				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:
How can we safely contact you? (i.e. Name, Phone, Email)				DOB (MM/DD/YYYY) 6/14/85		Age: 33
Name (Last, First, M.I.) (Include Aliases) PERSO, JESSICA				<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:		Language: LWC
Address (Street No., Street Name, Bldg. No., Apt No.) 1 KATE CT				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner				Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: _____				Other: _____		

Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry ☐ Other: **CALM**

What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? **I GOT DENIED VISITATION AGAIN.**

Did suspect make victim fearful? ☐ Yes ☒ No If yes, describe:

Weapon Used? ☐ Yes ☐ No Gun: ☐ Yes ☒ No Other, describe:

Access to Guns? ☐ Yes ☒ No If yes, describe:

Injured? ☐ Yes ☒ No If yes, describe:

In Pain? ☐ Yes ☒ No If yes, describe:

Suspect Threats? ☐ Yes ☒ No If Yes, Threats to:
☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide
☐ Other Describe:

Strangulation? ☐ Yes ☐ No ☐ Loss of Consciousness ☐ Urination/Defecation
☐ Red eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swallowing
Visible Marks? ☐ Yes ☐ No If yes, describe:

What did the SUSPECT say (Before and After Arrest): **NOT AT I/C FOR PD INTERVIEW.**

710.30 completed? ☐ Yes ☐ No

Child/Witness (1) Name (Last, First, M.I.) PERSO, MICHAEL	DOB: 4/21/14	Child/Witness(1) Address (Street No., Name, Bldg./Apt) 1 KATE CT	City, State, Zip PJS	Phone: —
Child/Witness (2) Name (Last, First, M.I.)	DOB:	Child/Witness(2) Address (Street No., Name, Bldg./Apt)	City, State, Zip	Phone:

Briefly describe the circumstances of this incident: **C. REPORTS THAT SI DENIED HIM HIS SCHEDULED VISITATION WITH THEIR SON. C. STATES THAT THIS IS AN ONGOING PROBLEM AND IS REQUESTING PD DOCUMENTATION OF INCIDENT. NO ORDERS OF PROTECTION OR PISTOL LICENSE ON FILE**

DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:
Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:		
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: NO OFFENSE	Offense 1 —
Law (e.g. PL) —		Offense 2 —
Law (e.g. PL) —		

Agency: SCPD	B	ORI: 05101	Incident #: 18-174836	Complaint #: 607
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): PRIOR DENIAL OF VISITATION				
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()				
Has Suspect ever:		Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.				
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:		Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:		
Signatures:				
Reporting Officer (Print and Sign include Rank and ID#)		Supervisor (Print and Sign include Rank and ID#)		
<i>J. O. G. 120540/6/14/32</i>		<i>Thomas D. Shindler 1130/6/10/2</i>		
STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION				
* Officers are encouraged to assist the Victim in completing this section of the form.				
Suspect Name (Last, First, M.I.)				
I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)				
at _____ (Location of incident) in the County/City/Town/Village _____				
of the State of New York, the following did occur: _____				
NO STATEMENT				
(Use additional page as needed)				
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.				
Victim/Deponent Signature		Date		Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.
<i>J. O. G. 1205485/6/14/32</i>		<i>3/20/18</i>		
Witness or Officer Signature		Date		
Interpreter Signature and Interpreter Service Provider Name		Date		Page 1 of 1
Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No				
POLICE COPY (Please make a copy for DA's office if appropriate)		NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906		3221- 03/2016 DCJS Copyright © 2016 by NYS DCJS

Agency: SCPD		A		05101		18-170919	
Reported Date (MM/DD/YYYY)	Time (24 hours)	Occurred Date (MM/DD/YYYY)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint #
03/18/2018	1631/1730	03/18/2018	1500	<input type="checkbox"/> ICAD (NYC)			607
Address (Street No., Street Name, Bldg. No., Apt No.)				City, State, Zip			
32 WILLIAM STREET				PORT JEFFERSON STATION, NY 11776			
Name (Last, First, M.I.) (Include Aliases)				DOB (MM/DD/YYYY)	Age:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
PERSO, MICHAEL J				03/26/1984	33	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Victim Phone Number:		Language:	
32 WILLIAM STREET				(516) 512-9177			
City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
PORT JEFFERSON STATION NY 11776				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Name (Last, First, M.I.) (Include Aliases)				DOB (MM/DD/YYYY)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
PERSO, JESSICA				06/12/1988	32	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Language:			
1 KATR COURT							
City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
PORT JEFFERSON				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input checked="" type="checkbox"/> Status Unknown	
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner						Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:							
Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:							
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?							
SHE WON'T LET ME HAVE MY SON TODAY							
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:				Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:			
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:			
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation			
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing			
What did the SUSPECT say (Before and After Arrest):				Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
710.30 completed? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Child/Witness (1) Name (Last, First, M.I.)		DOB:	Child/Witness(1) Address (Street No., Name, Bldg./Apt)		City, State, Zip		Phone:
PERSO, MICHAEL A JR		6/21/14	1 KATR COURT		PORT JEFFERSON NY 11776		
Child/Witness (2) Name (Last, First, M.I.)		DOB:	Child/Witness(2) Address (Street No., Name, Bldg./Apt)		City, State, Zip		Phone:
Briefly describe the circumstances of this incident: P1 REPORTS THAT HIS FATHER WAS SUPPOSE TO PICK UP HIS SON (ABOVE LISTED) FROM MOTHER (P2) HOUSE TODAY REGARDING HIS VISITATION RIGHTS AND HE RECEIVED A TEXT MESSAGE FROM P2 STATING THAT HE CAN NOT HAVE HIS SON TODAY P1 REQUESTED DOCUMENTATION OF DENIED VISITATION RIGHTS PISTOL LICENSE CHECK ^{P1} SHOWED NEGATIVE RESULTS TEXT MESSAGE WAS VIA TALKING PARENTS.COM WHICH IS A COURT DOCUMENTED WEBSITE P2 STATED THAT P1 CAN HAVE HIS SON TOMORROW.							
DIR Repository checked? <input type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away			
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:		
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: NO OFFENSE		Offense 1		Law (e.g. PL)		Offense 2
						Law (e.g. PL)	
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Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):
PRIOR VISITATION DISPUTES

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:
Threatened to kill you or your children? ☐ Yes ☒ No
Strangled or "choked" you? ☐ Yes ☒ No
Beaten you while you were pregnant? ☐ Yes ☒ No
Is suspect capable of killing you or children? ☐ Yes ☒ No
Is suspect violently and constantly jealous of you? ☐ Yes ☒ No
Has the physical violence increased in frequency or severity over the past 6 months? ☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No If NO, Why:
Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No If NO, Why:

Signatures:
Reporting Officer (Print and Sign include Rank and ID#) **Viola Gracono PO 5340/610/5**
Supervisor (Print and Sign include Rank and ID#) **Sgt Vincent DiPietro**

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I)

I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)
at _____ (Location of incident) in the County/City/Town/Village _____
of the State of New York, the following did occur: _____

NO STATEMENT

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature
Viola Po 5340/610/5
Witness or Officer Signature

Date **3/18/18**
Date **3/18/18**

Interpreter Signature and Interpreter Service Provider Name
Interpreter Requested ☐ Yes ☐ No Interpreter Used ☐ Yes ☐ No

Date

Note:
Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.
Page **2**
Of **2**

Agency: SCPD		Case 2:19-cv-02858-JMA-SIL Document 1-1 Filed 05/14/19 Page 32 of 93 PageID #: 44		DOMESTIC INCIDENT REPORT		0510180		18-165455	
Reported Date (MM/DD/YYYY) 3/15/18		Time (24 hours) 17:46/1945		Occurred Date (MM/DD/YYYY) 3/15/18		Time (24 hours) 17:45		<input type="checkbox"/> Officer Initiated <input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in	
				<input type="checkbox"/> ICAD (NYC)				Complaint # 607	
Address (Street No., Street Name, Bldg. No., Apt No.) 32 William St						City, State, Zip Port Jeff Station NY 11776			
Name (Last, First, M.I.) (Include Aliases) Perso, Michael						DOB (MM/DD/YYYY) 3/26/84		Age: 33	
Address (Street No., Street Name, Bldg. No., Apt No.) 32 William St						Victim Phone Number: 516 512 9177		Language: English	
City, State, Zip Port Jeff Station NY 11776						<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Self-Identified	
Name (Last, First, M.I.) (Include Aliases) Perso, Jessica						DOB (MM/DD/YYYY) 6/12/85		Age: 32	
Address (Street No., Street Name, Bldg. No., Apt No.) 1 Kate Ct						Victim Phone Number: [REDACTED]		Language: English	
City, State, Zip Port Jeff Station NY 11776						<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Self-Identified	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:						Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:									
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? She want let me see my son									
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:									
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:						Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:			
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:									
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation			
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing			
Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:									
What did the SUSPECT say (Before and After Arrest): N/A									
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Child/Witness (1) Name (Last, First, M.I.) Perso, Michael, Jr		DOB: 10/20/14		Child/Witness(1) Address (Street No., Name, Bldg./Apt) 1 Kate Ct		City, State, Zip Port Jeff Station NY 11776		Phone: [REDACTED]	
Child/Witness (2) Name (Last, First, M.I.) [REDACTED]		DOB: [REDACTED]		Child/Witness(2) Address (Street No., Name, Bldg./Apt) [REDACTED]		City, State, Zip [REDACTED]		Phone: [REDACTED]	
Briefly describe the circumstances of this incident: PI reports P2's father was supposed to bring CI to his home at 32 William St Port Jeff Station on today's date at 5pm for supervised visitation but P2 told him not to. PI further reports that P2 denies him visitation with CI often. PI requests police report for documentation, Neg order of protection. Neg pistol permit.									
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away									
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:			
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain:		Offense 1		Law (e.g. PL)		Offense 2	
POLICE COPY (Please make a copy for DA's office if appropriate)				NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906				3221-03/2016 DCJS Copyright © 2016 by NYS DCJS	

Agency: SCPD	B	ORI: 09101	Incident #: 18-165455	Complaint #: 607
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): Visitation Dispute				
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()				
Has Suspect ever:		Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.				
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:		Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:		
Signatures:				
Reporting Officer (Print and Sign include Rank and ID#) PO Cappelli		Supervisor (Print and Sign include Rank and ID#) Sgt. Carey		
STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION				
* Officers are encouraged to assist the Victim in completing this section of the form.				
Suspect Name (Last, First, M.I.)				
I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)				
at _____ (Location of incident) in the County/City/Town/Village _____				
of the State of New York, the following did occur: _____				
<div style="transform: rotate(-45deg); font-size: 2em; font-weight: bold;">No statement given</div>				
(Use additional page as needed)				
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.				
Victim/Deponent Signature [Signature]		Date 3/15/18		Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.
Witness or Officer Signature [Signature]		Date 3/15/18		
Interpreter Signature and Interpreter Service Provider Name Interpreter Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No		Date		
POLICE COPY (Please make a copy for DA's office if appropriate)		NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906		Page 2 Of 2

Reported Date <u>10/24/2017</u>	Time (24 hours) <u>1746</u>	Occurred Date <u>10/24/2017</u>	Time (24 hours) <u>1800</u>	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-In	Incident # <u>17-624337</u>
Address (Street No., Street Name, Bldg. No., Apt No.) <u>1 KATE CT.</u>				<input type="checkbox"/> ICAD (NYC)	Complaint # <u>614</u>		
City, State, Zip <u>10611 JEFFERSON, NJ</u>							

Name (Last, First, M.I.) (Include Aliases) <u>NOBLO, JESSICA</u>		DOB <u>06/12/1985</u>	Age <u>32</u>	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address (Street No., Street Name, Bldg. No., Apt No.) <u>1 KATE CT.</u>		Suspect Phone Number <u>631-391-2021</u>		<input type="checkbox"/> Self-Identified
City, State, Zip <u>10611 JEFFERSON</u>		Language <u>ENG</u>		<input type="checkbox"/> Other Identifier
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:	Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input checked="" type="checkbox"/> Status Unknown
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner		Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:				
Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:				
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? <u>I WANT MY SON</u>				
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:				
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				
What did the SUSPECT say (Before and After Arrest): <u>N/A</u>				
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Briefly describe the circumstances of this incident: P1 IS ANNOYED WITH P2 NOT TURNING OVER ABOVE CHILD FOR VISITATION.

P1 POL LICENSE, NEGATIVE
SET ALFIECTION SCENE

DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Refrain <input type="checkbox"/> Stay Away
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If no, explain: <u>NO OFFENSE</u>		If yes, Describe:
Offense 1		Offense 2
Law (e.g. PL)		Law (e.g. PL)
VICTIM / COMPLAINANT COPY		
NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906		
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Case 2:19-cv-02858-JMA-SIL Document 1-1 Filed 05/14/19 Page 35 of 93 PageID #: 47

Incident # <u>17-627759</u>		Complaint # <u>605</u>
Describe Victim's prior domestic incidents with this suspect (Last, First, Middle): <u>Prior Domestic Order Protection Docket # 0-17621-17/17A</u> <u>in effect</u>		
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: () _____		
Has Suspect ever:		
Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.		
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, Why: _____	Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, Why: _____	
Signatures: Reporting Officer (Print and Sign Include Rank and ID#) <u>P. M. [Signature] 6/12/17</u>		Supervisor (Print and Sign Include Rank and ID#) _____
STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION		
* Officers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Last, First, MI) <u>Michael Perso 6-12-85</u>		
(Victim/Deponent Name) state that on <u>10/16/2017</u> , (Date)		
at <u>1075 Park Rd S. 12</u> (Location of incident) in the County/City/Town/Village		
_____ of the State of New York, the following did occur: <u>N.Y. wife Teresa Perso (6/12/17)</u> <u>Michael Perso (6-12-85) was arrested on 6/12/17 for Domestic Violence (1st Degree) and Possession of a Weapon (1st Degree).</u> <u>He was released on bail of \$10,000 and is currently in custody at the Dutchess County Jail.</u> <u>He is currently on bond of \$10,000 and is currently in custody at the Dutchess County Jail.</u> <u>He is currently on bond of \$10,000 and is currently in custody at the Dutchess County Jail.</u>		
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law. (Use additional page as needed)		
Victim/Deponent Signature <u>[Signature]</u>	Date <u>10/16/17</u>	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement. </div> <div style="float: right; text-align: center;"> Page <u>2</u> Of <u>2</u> </div>
Witness or Officer Signature <u>[Signature]</u>	Date <u>10/21/17</u>	
Interpreter Signature and Interpreter Service Provider Name Interpreter Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date _____
VICTIM / COMPLAINANT COPY		
NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906		
3221- 03/2016 DCJS Copyright © 2016 by NYS DCJS		

Agency: <u>SCPD</u>	Incident # <u>17-024337</u>	Complaint # <u>614</u>
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): <u>IN COURT</u>		
10/16/17 FILING OFFICE OF PROTECTION		
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()		
Has Suspect ever:		
Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.		
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:	Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:	
Signatures:		
Reporting Officer (Print and Sign Include Rank and ID#) <u>10/24/17 136732/610/1</u>	Supervisor (Print and Sign Include Rank and ID#)	
STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION		
* Officers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Last, First, M.I.) <u>PERSO, JESSICA 6/12/85</u>		
1. <u>PERSO, MICHAEL 3/26/84</u> (Victim/Deponent Name) state that on <u>10/24/2017</u> (Date)		
at <u>1 KATE CT, YORK JEFFERSON</u> (Location of incident) in the County/City/Town/Village		
<u>SUFFOLK</u> of the State of New York, the following did occur: <u>I WENT TO GET MY</u>		
<u>SON FROM SCHOOL BECAUSE I HAVE VISITATION TODAY AND</u>		
<u>MY WIFE, JESSICA PERSO 6/12/85, PICKED HIM UP SO I COULDN'T</u>		
<u>SEE HIM</u>		
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law. (Use additional page as needed)		
Victim/Deponent Signature <u>[Signature]</u>	Date <u>10/24/17</u>	Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.
Business of Officer Signature <u>[Signature]</u>	Date <u>10/24/17</u>	
and Interpreter Service Provider Name		
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Interpreter Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Date		
NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906		
3221-03/2016 DCJS Copyright © 2016 by NYS DCJS		

Reported Date (MM/DD/YYYY) 10/12/2018		Time (24 hours) 1401		Occurred Date (MM/DD/YYYY) 10/12/2018		Time (24 hours) 0800		<input type="checkbox"/> Officer Initiated <input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in <input type="checkbox"/> ICAD (NYC)		Complaint # 607/607	
Address (Street No., Street Name, Bldg. No., Apt No.) 32 WILLIAM ST								City, State, Zip PORT JEFF STA NY 11776			
Name (Last, First, M.I.) (Include Aliases) PERSO MICHAEL								DOB (MM/DD/YYYY) 03/26/1984		Age: 34	
Address (Street No., Street Name, Bldg. No., Apt No.) 32 WILLIAM ST								Victim Phone Number: 631-9972344		Language: ENGLISH	
City, State, Zip PORT JEFF STA NY 11776								<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:	
How can we safely contact you? (i.e. Name, Phone, Email) 631-997-2344								DOB (MM/DD/YYYY) 06/12/1985		Age: 33	
Name (Last, First, M.I.) (Include Aliases) PERSO JESSICA								DOB (MM/DD/YYYY) 06/12/1985		Age: 33	
Address (Street No., Street Name, Bldg. No., Apt No.) 1 KATE CT								Victim Phone Number: [REDACTED]		Language: ENGLISH	
City, State, Zip PORT JEFFERSON NY 11777								<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole		<input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:								Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: CALM											
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? CAN I DOCUMENT MISSED VISITATION											
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:											
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:								Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:			
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:											
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:								Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation			
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:								<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
What did the SUSPECT say (Before and After Arrest): N/A											
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Child/Witness (1) Name (Last, First, M.I.) PERSO, MICHAEL		DOB: 10/21/14		Child/Witness(1) Address (Street No., Name, Bldg./Apt) 1 KATE CT		City, State, Zip PORT JEFFERSON, NY 11777		Phone:			
Child/Witness (2) Name (Last, First, M.I.)		DOB:		Child/Witness(2) Address (Street No., Name, Bldg./Apt)		City, State, Zip		Phone:			
Briefly describe the circumstances of this incident: PI WISHES TO DOCUMENT THAT HE WAS DENIED VISITATION WITH HIS SON BY P2 TODAY AT 0800 HRS. PI STATES THAT HE WAS ALSO DENIED VISITATION ON MONDAY 10/8/18 AND WEDNESDAY 10/10/18 AND THAT HE HAS NOT SPOKE TO HIS SON SINCE IN OVER A WEEK, PI REFERRED BACK TO FAMILY COURT. P2 HAS STAY AWAY ORDER OF PROTECTION AGAINST PI WHICH WAS NOT VIOLATED. NAME CHECK FOR PISTOL LICENSE WITH NEGATIVE RESULTS											
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refrain <input checked="" type="checkbox"/> Stay Away											
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, Describe:			
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Offense 1 VIOLATION		Law (e.g. PL)		Offense 2		Law (e.g. PL)	

Agency: SCPD	B OR: OS/01	Incident #: 18-585641	Complaint #: 607/607
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Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

PRIOR VISITATION VIOLATIONS

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or
 Local Domestic Violence Service Provider: ()

Has Suspect ever:Threatened to kill you or your children? ☐ Yes ☒ NoStrangled or "choked" you? ☐ Yes ☒ NoBeaten you while you were pregnant? ☐ Yes ☒ No

Is suspect capable of killing you or children?

☐ Yes ☒ No

Is suspect violently and constantly jealous of you?

☐ Yes ☒ No

Has the physical violence increased in frequency or severity over the past 6 months?

☐ Yes ☒ NoIs there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why:Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:**Signatures:**

Reporting Officer (Print and Sign Include Rank and ID#)

CLIFFORD PO 5978/6101, CEEBCEB PO 5978/6101

Supervisor (Print and Sign Include Rank and ID#)

EDWARD L. SR. 1343/6102 12/27**STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION**

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)**PERSO, JESSICA**

I **MICHAEL PERSO** (Victim/Deponent Name) state that on **10/12/2018**, (Date)
 at **32 WILLIAM ST PORT JEFF STATION NY 11776** (Location of incident) in the County/City/Town/Village **BROOKHAVEN**

of the State of New York, the following did occur: **I WANT TO DOCUMENT**

THAT I WAS DENIED VISITATION WITH MY SON MIKEY JR
BY MY WIFE JESSICA PERSO ON MONDAY, WEDNESDAY, AND
FRIDAY THIS WEEK. ALSO I HAVEN'T SPOKE TO MY SON
IN OVER A WEEK.

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

CEE B CEB PO 5978/6101

Witness or Officer Signature

Date

10/12/18

Date

Date

Note:

Whether or not this form
 is signed, this DIR Form
 will be filed with Law
 Enforcement.

Page

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Of

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Interpreter Signature and Interpreter Service Provider Name

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

POLICE COPY (Please make a copy for DA's office if appropriate)

NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906

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Reported Date (MM/DD/YYYY)	Time (24 hours)	Occurred Date (MM/DD/YYYY)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint #
9/28/18	2218	9/28/18	2133	<input type="checkbox"/> ICAD (NYC)			18-558907
Address (Street No., Street Name, Bldg. No., Apt No.)				City, State, Zip			
32 William ST				Port Jefferson STA			
Name (Last, First, M.I.) (Include Aliases)				DOB (MM/DD/YYYY)	Age:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
Perso, Michael				3/26/84	34	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Victim Phone Number:		Language:	
32 William ST				631-997-2344		English	
City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
Port Jefferson Station				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Name (Last, First, M.I.) (Include Aliases)				DOB (MM/DD/YYYY)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Perso, Jessica				6/12/85	33	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Suspect Phone Number:		Language:	
1 Kate CT				UNK		English	
City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
Port Jefferson Station				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole	
						<input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input checked="" type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner						Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:							
Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:							
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? She want let me see our son.							
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:						Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:	
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide	
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						<input type="checkbox"/> Other Describe:	
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation	
						<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing	
What did the SUSPECT say (Before and After Arrest):						Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	
N/A							
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Child/Witness (1) Name (Last, First, M.I.)		DOB:	Child/Witness(1) Address (Street No., Name, Bldg./Apt)		City, State, Zip	Phone:	
Perso, Michael Jr		10/21/14	1 Kate CT		Port Jeff Sta		
Child/Witness (2) Name (Last, First, M.I.)		DOB:	Child/Witness(2) Address (Street No., Name, Bldg./Apt)		City, State, Zip	Phone:	
Briefly describe the circumstances of this incident: Pl called to request check the welfare of the above child. Pl was concerned as P2 has not let pl see the above child in several weeks. After speaking with pl, pl no longer wished PD to check welfare of above child. P2 said he would call back next time his visitation is denied. Postal license check neg. P2 has a stay away order against pl. order not violated. 635 notified.							
<div style="text-align: right;"> CERTIFIED DOMESTIC VIOLENCE SECTION 05/14/2019 </div>							
DIR Repository checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Order of Protection Registry checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Refrain <input checked="" type="checkbox"/> Stay Away	
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Other:		<input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		If yes, Describe:			
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Offense 1	Law (e.g. PL)	Offense 2	Law (e.g. PL)	
If no, explain:							

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): Several

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☐ No

Strangled or "choked" you? ☐ Yes ☐ No

Beaten you while you were pregnant? ☐ Yes ☐ No

Is suspect capable of killing you or children? ☐ Yes ☐ No

Is suspect violently and constantly jealous of you? ☐ Yes ☐ No

Has the physical violence increased in frequency or severity over the past 6 months? ☐ Yes ☐ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why:

left in mail box

Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

"

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

PO Darsman

9/4/18 100/6488/610/5

Supervisor (Print and Sign include Rank and ID#)

Supervisor

J. Parody

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

Perso, Jessica

I, _____ (Victim/Deponent Name) state that on ____/____/____, (Date)

at _____ (Location of incident) in the County/City/Town/Village _____

of the State of New York, the following did occur: _____

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

Refused

Witness or Officer Signature

Date

9/28/18

Date

Interpreter Signature and Interpreter Service Provider Name

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

Date

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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Reported Date (mm/dd/yyyy) **09/24/2018** Time (24 hours) **2228** Occurred Date (mm/dd/yyyy) **09/24/2018** Time (24 hours) **1900** ☐ Officer Initiated ☒ Radio Run ☐ Walk-in ☐ ICAD (NYC) ☐ Complaint # **610**

Address (Street No., Street Name, Bldg. No., Apt No.) **32 WILLIAM ST** City, State, Zip **PT. JEFFERSON NY 11776**
 Name (Last, First, M.I.) (Include Aliases) **PERLO, MICHAEL** DOB (mm/dd/yyyy) **03/26/84** Age: **34** ☐ Female ☒ Male
 Address (Street No., Street Name, Bldg. No., Apt No.) **32 WILLIAM ST** Victim Phone Number: **631-997-2344** Language: **ENG**
 City, State, Zip **PT. JEFFERSON NY 11776** ☒ White ☐ Black ☐ Asian ☐ Hispanic ☒ Non Hispanic ☐ Unknown
 How can we safely contact you? (I.e. Name, Phone, Email) ☐ American Indian ☐ Other ☐ Other Identifier:

Name (Last, First, M.I.) (Include Aliases) **PERLO, JESSICA** DOB (mm/dd/yyyy) **6/12/85** Age: **33** ☐ Female ☐ Male
 Address (Street No., Street Name, Bldg. No., Apt No.) **1 KATIE CT** Language: **ENG**
 City, State, Zip **PT. JEFFERSON NY 11777** ☒ White ☐ Black ☐ Asian ☐ Hispanic ☐ Non Hispanic ☐ Unknown
 Do suspect and victim live together? ☐ Yes ☒ No Suspect/P2 present? ☐ Yes ☒ No Was suspect injured? ☐ Yes ☒ No If yes describe: Possible drug or alcohol use? ☐ Yes ☒ No Suspect supervised? ☐ Probation ☐ Parole ☐ Not Supervised ☐ Status Unknown

Suspect (P2) Relationship to Victim (P1) ☒ Married ☐ Intimate Partner/Dating ☐ Formerly Married ☐ Former Intimate Partner Do the suspect and victim have a child in common? ☐ Yes ☐ No
☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative: ☐ Other:

Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry ☒ Other: **CALM**

What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?

I HAVEN'T SPOKEN TO MY SON IN A WEEK

Did suspect make victim fearful? ☐ Yes ☒ No If yes, describe:

Weapon Used? ☐ Yes ☒ No Gun: ☐ Yes ☒ No Other, describe: Suspect Threats? ☐ Yes ☒ No If Yes, Threats to: ☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide ☐ Other Describe:

Access to Guns? ☐ Yes ☒ No If yes, describe:

Injured? ☐ Yes ☒ No If yes, describe: Strangulation? ☐ Yes ☒ No ☐ Loss of Consciousness ☐ Urination/Defecation ☐ Red eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swallowing

In Pain? ☐ Yes ☒ No If yes, describe: Visible Marks? ☐ Yes ☒ No If yes, describe:

What did the SUSPECT say (Before and After Arrest):

NA

710.30 completed? ☐ Yes ☒ No

Child/Witness (1) Name (Last, First, M.I.) PERLO, MICHAEL	DOB: 10/21/14	Child/Witness(1) Address (Street No., Name, Bldg./Apt) -	City, State, Zip -	Phone: -
Child/Witness (2) Name (Last, First, M.I.)	DOB:	Child/Witness(2) Address (Street No., Name, Bldg./Apt)	City, State, Zip	Phone:

Briefly describe the circumstances of this incident: **P21 REPORTS HE HADN'T HAD VIDEO CALL WITH HIS SON SINCE 09/17/2018 AS PER HANLEY COURT ORDER. COMPL COMPL CALLS W/2 MOTHER AS PER STATE ORDER. REPORT FOR DOCUMENTATION. ALL PERLO LICENSE CHECKS NEGATIVE.**

**MAILED
CENTRAL RECORDS SECTION
SUFFOLK COUNTY POLICE DEPARTMENT**

DIR Repository checked? ☒ Yes ☐ No Order of Protection Registry checked? ☒ Yes ☐ No Order of Protection in effect? ☒ Yes ☐ No ☐ Refrain ☐ Stay Away

Evidence Present? ☐ Yes ☒ No Photos taken: ☐ Victim Injury ☐ Suspect Injury ☐ Other: ☐ Damaged Property ☐ Videos ☐ Electronic Evidence ☐ Other: Destruction of Property? ☐ Yes ☒ No If yes, Describe:

Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain:	Offense 1	Law (e.g. PL)	Offense 2	Law (e.g. PL)
---	--	-----------	---------------	-----------	---------------

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

09/17/18 VISA BATTEN

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☒ No

Strangled or "choked" you? ☐ Yes ☒ No

Beaten you while you were pregnant? ☐ Yes ☒ No

Is suspect capable of killing you or children? ☐ Yes ☒ No

Is suspect violently and constantly jealous of you? ☐ Yes ☒ No

Has the physical violence increased in frequency or severity over the past 6 months? ☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why:

Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:

Reporting Officer (Print and Sign Include Rank and ID#)

1-CLAS A 05/22/16/10/4

Supervisor (Print and Sign Include Rank and ID#)

DRINK SGT 1376/610/4

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I)

I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)
at _____ (Location of incident) in the County/City/Town/Village _____
of the State of New York, the following did occur: _____

no statement

DECLINED
DECLINED
SUPPORT POLICE DEPARTMENT

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

Date

9/24/18

Witness or Officer Signature

Date

09/24/18

Interpreter Signature and Interpreter Service Provider Name

Date

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

Page

Of

Reported Date (MM/DD/YYYY) **03/15/2018** Time (24 hours) **1751** Occurred Date (MM/DD/YYYY) **03/15/2018** Time (24 hours) **1751** ☐ Officer Initiated ☒ Radio Run ☐ Walk-in ☐ ICAD (NYC) Complaint # **613**

Address (Street No., Street Name, Bldg. No., Apt No.) **1 KATE CT** City, State, Zip **PORT JEFFERSON, NY**
 Name (Last, First, M.I.) (Include Aliases) **PERSO, JESSICA** DOB (MM/DD/YYYY) **06/13/1985** Age: **32** ☒ Female ☐ Male
 Address (Street No., Street Name, Bldg. No., Apt No.) **1 KATE CT** Language: **ENGLISH**
 City, State, Zip **PORT JEFFERSON, NY 11777** ☒ White ☐ Black ☐ Asian ☐ Hispanic ☐ Non Hispanic ☐ Unknown
☐ American Indian ☐ Other ☐ Other Identifier:

Name (Last, First, M.I.) (Include Aliases) **PERSO, MICHAEL** DOB (MM/DD/YYYY) **03/26/1984** Age: **33** ☐ Female ☒ Male
 Address (Street No., Street Name, Bldg. No., Apt No.) **32 WILLIAM ST** Language: **ENGLISH**
 City, State, Zip **PORT JEFF STATION 11776** ☒ White ☐ Black ☐ Asian ☐ Hispanic ☐ Non Hispanic ☐ Unknown
☐ American Indian ☐ Other ☐ Other Identifier:

Do suspect and victim live together? ☒ Yes ☐ No Suspect/P2 present? ☒ Yes ☐ No Was suspect injured? ☐ Yes ☒ No If yes, describe: Possible drug or alcohol use? ☐ Yes ☒ No Suspect supervised? ☐ Probation ☐ Parole ☒ Not Supervised ☐ Status Unknown

Suspect (P2) Relationship to Victim (P1) ☒ Married ☐ Intimate Partner/Dating ☐ Formerly Married ☐ Former Intimate Partner ☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative: ☐ Other: Do the suspect and victim have a child in common? ☒ Yes ☐ No

Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry ☒ Other: **CALM**

What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? **I CHANGED THE VISITATION AGREEMENT**

Did suspect make victim fearful? ☐ Yes ☒ No If yes, describe:

Weapon Used? ☐ Yes ☒ No Gun: ☐ Yes ☐ No Other, describe: Suspect Threats? ☐ Yes ☒ No If Yes, Threats to: ☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide ☐ Other Describe:

Access to Guns? ☐ Yes ☒ No If yes, describe: Injured? ☐ Yes ☒ No If yes, describe: Strangulation? ☐ Yes ☒ No ☐ Loss of Consciousness ☐ Urination/Defecation ☐ Red eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swallowing

In Pain? ☐ Yes ☒ No If yes, describe: Visible Marks? ☐ Yes ☒ No If yes, describe:

What did the SUSPECT say (Before and After Arrest): **N/A**

710.30 completed? ☐ Yes ☒ No

Child/Witness (1) Name (Last, First, M.I.) **PERSO, MICHAEL** DOB: **10/21/14** Child/Witness(1) Address (Street No., Name, Bldg./Apt) **1 KATE CT PORT JEFF** City, State, Zip **PORT JEFFERSON, NY** Phone:

Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name, Bldg./Apt) City, State, Zip Phone:

Briefly describe the circumstances of this incident: **P1 STATES THAT SHE JUST WANTED TO DOCUMENT THAT THE VISITATION AGREEMENT THAT IS IN PLACE FOR THEIR CHILD HAS CHANGED IN THAT P2 IS ONLY ALLOWED TO HAVE SUPERVISED VISITS WITH 'C1' SO LONG AS P2'S FATHER IS PRESENT ON TUESDAYS, THURSDAYS (5pm - 8:30pm) AND SUNDAYS (2:30pm - 8:30pm). P1 STATES A LETTER FROM HER ATTORNEY TO P2'S ATTORNEY NOTIFIED HIM OF THIS CHANGE. COURT DOCKET NO: U-29753-16/17C. NO CRIME COMMITTED. PISTOL LICENSE CHECKED WITH NEGATIVE RESULTS.**

DIR Repository checked? ☒ Yes ☐ No Order of Protection Registry checked? ☒ Yes ☐ No Order of Protection in effect? ☐ Yes ☒ No ☐ Refrain ☐ Stay Away

Evidence Present? ☒ Yes ☐ No Photos taken: ☐ Victim Injury ☐ Suspect Injury ☐ Other: Other Evidence: ☐ Damaged Property ☐ Videos ☐ Electronic Evidence ☐ Other: Destruction of Property? ☐ Yes ☒ No If yes, Describe:

Offense Committed? ☐ Yes ☒ No Was suspect arrested? ☐ Yes ☒ No Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Offense 1 **NO OFFENSE** Law (e.g. PL) Offense 2 Law (e.g. PL)

Agency: SCPD	B OR: 05101	Incident # 18-165467	Complaint # 619
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): 10/24/17 - VISITATION ISSUES 3/08/18 - VISITATION ISSUES			
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()			
Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.			
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:		Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:	

Signatures:
Reporting Officer (Print and Sign include Rank and ID#) **CHRISTOPHER BRIAN PO 6571/6012**
Supervisor (Print and Sign include Rank and ID#) **Sgt. Corey 1294/660/4 Corey**

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.) _____

I, _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)
at _____ (Location of incident) in the County/City/Town/Village _____
of the State of New York, the following did occur: _____

[Large diagonal line across the section with handwritten "NO STATEMENT" and "PO 6571/6012"]

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature [Signature] Witness or Officer Signature [Signature]	Date 3/15/18	Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.	Page 2 Of 2
Interpreter Signature and Interpreter Service Provider Name Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No	Date		

POLICE COPY (Please make a copy for DA's office if appropriate) | NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906 | 3221- 03/2016 DCJS Copyright © 2016 by NYS DCJS

Case 2:19-cv-02858-JMA-SIL Document 1-1 Filed 05/14/19 Page 45 of 93 PageID #: 57

Agency: SCPD A DOMESTIC INCIDENT REPORT 05101 18-161200

Reported Date (mm/dd/yyyy) 3/13/18 Time (24 hours) 1436/1520 Occurred Date (mm/dd/yyyy) 3/13/18 Time (24 hours) 1430 Officer Initiated ☒ Radio Run ☐ Walk-in Complaint # 607

Address (Street No., Street Name, Bldg. No., Apt No.) PERSO, MICHAEL 32 WILLIAMS ST. City, State, Zip PORT JEFF STATION

Name (Last, First, M.I.) (Include Aliases) PERSO, MICHAEL DOB (mm/dd/yyyy) 3/26/84 Age: 33 ☐ Female ☒ Male ☐ Self-Identified:

Address (Street No., Street Name, Bldg. No., Apt No.) SIAA Victim Phone Number: (516) 512-9171 Language: ENC

City, State, Zip SIAA ☒ White ☐ Black ☐ Asian ☐ Hispanic ☒ Non Hispanic ☐ Unknown ☐ American Indian ☐ Other ☐ Other Identifier:

Name (Last, First, M.I.) (Include Aliases) PERSO, JESSICA DOB (mm/dd/yyyy) 6/16/85 Age: 32 ☐ Female ☐ Male ☐ Self-Identified:

Address (Street No., Street Name, Bldg. No., Apt No.) 1 KATE CT City, State, Zip PORT JEFF STATION ☒ White ☐ Black ☐ Asian ☐ Hispanic ☒ Non Hispanic ☐ Unknown ☐ American Indian ☐ Other ☐ Other Identifier:

Do suspect and victim live together? ☐ Yes ☒ No Suspect/P2 present? ☐ Yes ☒ No Was suspect injured? ☐ Yes ☒ No If yes describe: Possible drug or alcohol use? ☐ Yes ☒ No Suspect supervised? ☐ Probation ☐ Parole ☒ Not Supervised ☐ Status Unknown

Suspect (P2) Relationship to Victim (P1) ☐ Married ☐ Intimate Partner/Dating ☒ Formerly Married ☐ Former Intimate Partner Do the suspect and victim have a child in common? ☒ Yes ☐ No

Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry ☒ Other: CALM

What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? I WAS DENIED VISITATION AGAIN WITH MY SON.

Did suspect make victim fearful? ☐ Yes ☒ No If yes, describe:

Weapon Used? ☐ Yes ☒ No Gun: ☐ Yes ☒ No Other, describe: Suspect Threats? ☐ Yes ☒ No If Yes, Threats to: ☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide ☐ Other Describe:

Access to Guns? ☐ Yes ☒ No If yes, describe:

Injured? ☐ Yes ☒ No If yes, describe: Strangulation? ☐ Yes ☒ No ☐ Loss of Consciousness ☐ Urination/Defecation ☐ Red eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swallowing

In Pain? ☐ Yes ☒ No If yes, describe: Visible Marks? ☐ Yes ☒ No If yes, describe:

What did the SUSPECT say (Before and After Arrest): NO AT I/K FOR PO INTERVIEW.

710.30 completed? ☐ Yes ☒ No

Child/Witness (1) Name (Last, First, M.I.) PERSO, MICHAEL JR. DOB: 10/21/14 Child/Witness(1) Address (Street No., Name, Bldg./Apt) 1 KATE CT City, State, Zip PORT JEFF STA Phone:

Child/Witness (2) Name (Last, First, M.I.) DOB: Child/Witness(2) Address (Street No., Name, Bldg./Apt) City, State, Zip Phone:

Briefly describe the circumstances of this incident: C1 IS REPORTING THAT HE WAS DENIED HIS SCHEDULED VISITATION WITH HIS SON. C1 STATES THAT HE MADE SEVERAL ATTEMPTS TO CONTACT SI REFERENCE THE VISITATION BUT HAS NOT BEEN ABLE TO GET IN W/ TOUCH WITH HER. C1'S VISITATION WAS SCHEDULED FOR 1430HRS.

DIR Repository checked? ☒ Yes ☐ No Order of Protection Registry checked? ☐ Yes ☒ No Order of Protection in effect? ☐ Yes ☒ No ☐ Refrain ☐ Stay Away

Evidence Present? ☐ Yes ☒ No Photos taken: ☐ Victim Injury ☐ Suspect Injury Other Evidence: ☐ Damaged Property ☐ Videos Destruction of Property? ☐ Yes ☒ No If yes, Describe:

Offense Committed? ☐ Yes ☒ No Was suspect arrested? ☐ Yes ☒ No Offense 1 Law (e.g. PL) Offense 2 Law (e.g. PL)

If no, explain: NO OFFENSE

POLICE COPY (Please make a copy for DA's office if appropriate) NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906 3221-03/2016 DCJS Copyright © 2016 by NYS DCJS

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): **PRIOR VISITATION DENIALS**

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:

Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why: Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:

Reporting Officer (Print and Sign include Rank and ID#) Sgt. Posner 164300	Supervisor (Print and Sign include Rank and ID#) Sgt. Carey 12946018
--	--

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

I (Victim/Deponent Name) state that on ____ / ____ / ____ (Date)
at ____ (Location of incident) in the County/City/Town/Village
of the State of New York, the following did occur:

NO STATEMENT

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature
Sgt. Posner 164300
Date
5/13/18

Witness or Officer Signature
Sgt. Posner 164300
Date

Interpreter Signature and Interpreter Service Provider Name
Interpreter Requested ☐ Yes ☐ No Interpreter Used ☐ Yes ☐ No
Date

Note:
Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

Page
1
Of
1

Reported Date (mm/dd/yyyy)	Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint #
03/08/2018	2018	03/08/2018	1919	<input type="checkbox"/> ICAD (NYC)			607
Address (Street No., Street Name, Bldg. No., Apt No.)				City, State, Zip			
32 William St				Port Jefferson Station, NY 11776			
Name (Last, First, M.I.) (Include Aliases)				DOB (mm/dd/yyyy)	Age:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
Perso, Michael				03/26/1984	33	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Victim Phone Number:		Language:	
32 William St				516-512-9177		ENG	
City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
Port Jefferson Station, NY 11776				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier: —	
Name (Last, First, M.I.) (Include Aliases)				DOB (mm/dd/yyyy)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Perso, Jessica				06/12/1985	32	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Victim Phone Number:		Language:	
1 Kate Ct				[REDACTED]		ENG	
City, State, Zip				<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
Port Jefferson NY 11777				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier: —	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole	
						<input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner				Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:							

Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry ☒ Other: **CALM**

What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?
"I need documentation"

Did suspect make victim fearful? ☐ Yes ☒ No If yes, describe:

Weapon Used? ☐ Yes ☒ No Gun: ☐ Yes ☒ No Other, describe:

Access to Guns? ☐ Yes ☒ No If yes, describe:

Injured? ☐ Yes ☒ No If yes, describe:

In Pain? ☐ Yes ☒ No If yes, describe:

Suspect Threats? ☐ Yes ☒ No If Yes, Threats to:
☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide
☐ Other Describe:

Strangulation? ☐ Yes ☒ No ☐ Loss of Consciousness ☐ Urination/Defecation
☐ Red eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swallowing
 Visible Marks? ☐ Yes ☒ No If yes, describe:

What did the SUSPECT say (Before and After Arrest):

710.30 completed? ☐ Yes ☒ No

Child/Witness (1) Name (Last, First, M.I.)	DOB:	Child/Witness(1) Address (Street No., Name, Bldg./Apt)	City, State, Zip	Phone:
Perso, Michael	10/21/14	1 Kate Ct	Port Jeff, NY 11777	—
Child/Witness (2) Name (Last, First, M.I.)	DOB:	Child/Witness(2) Address (Street No., Name, Bldg./Apt)	City, State, Zip	Phone:
—	—	—	—	—

Briefly describe the circumstances of this incident: **P1 reports that his father was suppose to pick up C1 today at 5 o'clock from P2. P1 stated that P2 cancelled the visitation pick up. P1 reports his father called him asking why P1 cancelled the visit but P1 told his father he did not cancel that it must have been P2. P1 reports he tried contacting P2 asking why she cancelled the visitation exchange but P1 reports P2 did not answer. P1 requested police documentation for his records.**

*** Pistol Check - Negative**

DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away	
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other: —	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other: —		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:	
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: visitation exchange	Offense 1 —	Law (e.g. PL) —	Offense 2 —	Law (e.g. PL) —

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

2/27/18 - Visitation exchange
10/25/17 - Visitation exchange
10/24/17 - Visitation exchange

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☒ No
Strangled or "choked" you? ☐ Yes ☒ No
Beaten you while you were pregnant? ☐ Yes ☒ No

Is suspect capable of killing you or children? ☐ Yes ☒ No
Is suspect violently and constantly jealous of you? ☐ Yes ☒ No
Has the physical violence increased in frequency or severity over the past 6 months? ☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why:

Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:

Reporting Officer (Print and Sign Include Rank and ID#)

Robert King Robert Ky PO 6685/60/1

Supervisor (Print and Sign Include Rank and ID#)

Justin Carey, Sgt. # 1294/60/4

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

I _____ (Victim/Deponent Name) state that on ____/____/____, (Date)
at _____ (Location of incident) in the County/City/Town/Village _____
of the State of New York, the following did occur:

Robert Ky PO 6685/60/1

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

Robert Ky PO 6685/60/1

Witness or Officer Signature

Date

3/8/18

Date

Interpreter Signature and Interpreter Service Provider Name

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

Date

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

Page

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Of

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Reported Date (mm/dd/yyyy)	Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-In	Complaint #
12/30/2018	1755	12/30/2018	1755	<input type="checkbox"/> ICAD (NYC)			607
Address (Street No., Street Name, Bldg. No., Apt No.)				City, State, Zip			
32 WILLIAM STREET				PORT JEFFERSON STATION 11776			
Name (Last, First, M.I.) (Include Aliases)				DOB (mm/dd/yyyy)	Age:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
PERO MICHAEL J				03/26/1984	34	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Victim Phone Number:		Language:	
32 WILLIAM STREET				(631) 997-2344		ENGLISH	
City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
PORT JEFFERSON STATION				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Name (Last, First, M.I.) (Include Aliases)				DOB (mm/dd/yyyy)	Age:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	
PERO JESSICA A				06/18/1985	33	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Language:		ENGLISH	
1 KATR COURT				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
City, State, Zip				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
PORT JEFFERSON STATION NY 11776							
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:	Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole		<input type="checkbox"/> Not Supervised <input checked="" type="checkbox"/> Status Unknown	
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input checked="" type="checkbox"/> Formerly Married <input checked="" type="checkbox"/> Former Intimate Partner						Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:							
Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: CALM							
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?							
I HAVE NOT SEEN MY SON IN OVER A YEAR							
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:						Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:	
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide	
						<input type="checkbox"/> Other Describe:	
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation			
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing			
				Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
What did the SUSPECT say (Before and After Arrest):							
710.30 completed? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Child/Witness (1) Name (Last, First, M.I.)	DOB:	Child/Witness(1) Address (Street No., Name, Bldg./Apt)	City, State, Zip	Phone:			
PERO, MICHAEL JR	10/21/14	1 KATR COURT	PORT JEFFERSON STATION NY				
Child/Witness (2) Name (Last, First, M.I.)	DOB:	Child/Witness(2) Address (Street No., Name, Bldg./Apt)	City, State, Zip	Phone:			
			11776				
Briefly describe the circumstances of this incident:							
P. REPORTS THAT P2 IS DENYING HIS VISITATION RIGHTS TO HIS SON ABOVE LISTED WHICH IS COURT ORDERED FOR EVERY OTHER DAY. P. ALSO STATES HE HAS NOT EVER TALKED TO HIS SON. P. STATES THIS IS AN ONGOING PROBLEM AND REQUESTED DOCUMENTATION.							
PISTOL LICENSE CHECK - NEGATIVE							
DIR Repository checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Refrain <input checked="" type="checkbox"/> Stay Away							
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:			
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: VISITATION NO OFFENSE	Offense 1	Law (e.g. PL)	Offense 2	Law (e.g. PL)		

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

VISITATION DISPUTES

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☒ No

Strangled or "choked" you? ☐ Yes ☒ No

Beaten you while you were pregnant? ☐ Yes ☒ No

Is suspect capable of killing you or children?

☐ Yes ☒ No

Is suspect violently and constantly jealous of you?

☐ Yes ☒ No

Has the physical violence increased in frequency or severity over the past 6 months?

☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why:

Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:

Reporting Officer (Print and Sign Include Rank and ID#)

Supervisor (Print and Sign Include Rank and ID#)

[Signature] Viola P05340/60/5 Viola

[Signature] W. Donagan SGT 1305

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I)

I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)
at _____ (Location of incident) in the County/City/Town/Village _____
of the State of New York, the following did occur: _____

NO STATEMENT / REFUSED

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

Date

Witness or Officer Signature

Date

Interpreter Signature and Interpreter Service Provider Name

Date

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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Case 2:19-cv-02858-JMA-SIL Document 1-1 Filed 05/14/19 Page 51 of 93 PageID #: 63							
S-4-D							
A DOMESTIC INCIDENT REPORT							
05101 18-091094							
Reported Date (mm/dd/yyyy)	Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-In	Complaint #
11/26/18	2118	11/26/18	1838	<input type="checkbox"/> ICAD (NYC)			607
Address (Street No., Street Name, Bldg. No., Apt No.)				City, State, Zip			
1 KATE CT.				PORT JEFFERSON NY 11777			
Name (Last, First, M.I.) (Include Aliases)				DOB (mm/dd/yyyy)	Age	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	
PERSO JESSICA A.				6/12/85	33	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Language:			
1 KATE CT.				ENGLISH			
City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
PORT JEFFERSON NY 11777				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
How can we safely contact you? (i.e. Name, Phone, Email)				<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		<input type="checkbox"/> Self-Identified:	
Name (Last, First, M.I.) (Include Aliases)				DOB (mm/dd/yyyy)	Age	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
PERSO MICHAEL J.				3/26/84	34	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Suspect Phone Number:		Language:	
32 WILLIAM ST.				631-997-2344		ENGLISH	
City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
PORT JEFFERSON NY 11777				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		Possible drug or alcohol use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner		Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole		<input type="checkbox"/> Not Supervised <input checked="" type="checkbox"/> Status Unknown	
Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:							
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? I RECEIVED AN E-MAIL FROM ONE OF MICHAELS EMAIL ADDRESSES.							
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:				Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:			
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide			
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation			
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing			
Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
What did the SUSPECT say (Before and After Arrest): NOT AT I/L FOR INTERVIEW.							
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Child/Witness (1) Name (Last, First, M.I.)		DOB:	Child/Witness(1) Address (Street No., Name, Bldg./Apt)		City, State, Zip	Phone:	
PERSO MICHAEL A		10-21-14	1 KATE CT.		PORT JEFFERSON NY 11777	631-591-2021	
Child/Witness (2) Name (Last, First, M.I.)		DOB:	Child/Witness(2) Address (Street No., Name, Bldg./Apt)		City, State, Zip	Phone:	
Briefly describe the circumstances of this incident: P(1) REPORTS GETTING AN E-MAIL FROM ONE OF HER ESTIMATED HUSBANDS EMAIL JUNE 2862@gmail.com WHERE P(2) IS FILING LAWSUITS AGAINST FAMILY MEMBERS BECAUSE P(2) IS NOT GETTING VISITATION OF HIS SON. P(1) BELIEVES P(2) ALSO REPORTS THAT SHE HAS RECEIVED EMAILS FROM P(2) FROM THIS E-MAIL IN THE PAST. THIS ACT BY P(2) DOES VIOLATE P(1)'S ORDER OF PROTECTION FROM FAMILY COURT. DOCKET # 0-07623-8 JUDGE GOGLAS EXPIRES 5-18-19. UNDERSIGNED CHECKED P(1) ADDRESS & NO ANSWER.							
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refrain <input checked="" type="checkbox"/> Stay Away			
Evidence Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:	
Offense Committed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: CRIMINAL CONTEMPT INVESTIGATION		Offense 1 215.50		Law (e.g. PL) PL	
Offense 2		Law (e.g. PL)		Offense 2		Law (e.g. PL)	
POLICE COPY (Please make a copy for DA's office if appropriate)							
NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906							
3221-03/2016 DCJS Copyright © 2016 by NY							

Prior History

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

Prior Domestic Order Protection Picket #0-17621-17/17A
in effect

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or

Local Domestic Violence Service Provider: ()

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☒ No

Strangled or "choked" you? ☐ Yes ☒ No

Beaten you while you were pregnant? ☐ Yes ☒ No

Is suspect capable of killing you or children?

☐ Yes ☒ No

Is suspect violently and constantly jealous of you?

☐ Yes ☒ No

Has the physical violence increased in frequency or severity over the past 6 months?

☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why:

Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

Pacifico Poff 6/10/17

Supervisor (Print and Sign include Rank and ID#)

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

PERSO, JESSICA 6-12-85

1 Michael Perso (Victim/Deponent Name) state that on 10/26/2017, (Date)

at 1075 Port Jervis Rd Suite 12 (Location of incident) in the County/City/Town/Village

Saugerties of the State of New York, the following did occur: MY WIFE JESSICA PERSO (6/12/85)

AND SHE HAS CALLED V. PERSO, AGAIN, PER FAMILY COURT
AGREEMENT. I HAVEN'T SEEN OR SPOKE TO HER SINCE (Michael Perso)
IN JUNE. THE CALLED POLICE TO REMOVE HER FROM THE
PROPERTY. I TOLD HER TO GET A SIGN. I DON'T WANT TO ARGUE IF
RIGHT TO SEE HIM, I JUST WANT TO SEE HIM.

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

Poff 6/10/17

Witness or Officer Signature

Date

10/26/17

Date

Date

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

Page

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Or

2

Interpreter Signature and Interpreter Service Provider Name

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

VICTIM / COMPLAINANT COPY

NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906

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New York State Domestic Incident Report		Incident # 17624337	
Time (24 hours) 17:1846	Occurred Date (MM/DD/YYYY) 10/24/2017	Time (24 hours) 1800	Complaint # 614
Address (Street No., Street Name, Bldg. No., Apt No.) 1 KATE CT		City, State, Zip ROCKY HILL, CT	
Name (Last, First, M.I.) (Include Aliases) MILSO, JESSICA		DOB (MM/DD/YYYY) 201211986	Age 32
Address (Street No., Street Name, Bldg. No., Apt No.) 1 KATE CT		Suspect Phone Number 631-591-2021	Language ENG
City, State, Zip ROCKY HILL, CT		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified	
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input checked="" type="checkbox"/> Status Unknown
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative:			Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:			
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? I WANT MY SON			
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:		Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:	
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:	
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation	
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	
What did the SUSPECT say (Before and After Arrest): N/A			
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Briefly describe the circumstances of this incident: P1 IS ANNOYED WITH P2 NOT TURNING OVER ABOVE CHILD FOR VISITATION.			
P2 SOL LICENSE, NEGATIVE Sgt. ALFIERO ON SCENE			
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Refrain <input type="checkbox"/> Stay Away			
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:	Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: NO OFFENSE	Offense 1	Offense 2
Law (e.g. PL)		Law (e.g. PL)	
VICTIM / COMPLAINANT COPY		NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906	
3221-03/2016 DCJS Copyright © 2016 by NYS DCJS			

Incident	Reported Date (mm/dd/yyyy) 10/24/2017 Time (24 hours) 1157		Occurred Date (mm/dd/yyyy) 10/26/2017 Time (24 hours) 1200		<input type="checkbox"/> Officer Initiated <input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in <input type="checkbox"/> ICAD (NYC)		Incident # 605
	Address (Street No., Street Name, Bldg. No., Apt No.) 1080 Portion Rd					City, State, Zip Farmingville, NY 11779	
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases) Perso, Jessica				DOB (mm/dd/yyyy) 6/12/1985	Age: 32	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:
	Address (Street No., Street Name, Bldg. No., Apt No.) 1 Kate Ct				Suspect Phone Number:		Language: Eng
Victim Interview	City, State, Zip Port Jefferson, NY				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:
	Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown
Suspect	Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input checked="" type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:					Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: Calm						
Victim Interview	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? I just want to see my KA today						
	Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						
Suspect	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:				Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:		
	Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:		
Suspect	Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation		
	In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore-Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		
Suspect	What did the SUSPECT say (Before and After Arrest): No Arrest						
	710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Incident Narrative	Briefly describe the circumstances of this incident: Person 1 requests Police assistance to pick up above listed son Michael Perso Jr. 10-21-19. Person 2 refused visitation from Person 1 due to recent psychological issues going on with Person 1 on Sunday October 15th and other past issues. Person 1 denies allegations and states he will return to Family court to try and amend current order of protection. No crime committed. Pistol license check yielding Negative results. Sgt. O'Callaghan on scene.						
	DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away						
Evid	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:
	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: No crime		Offense 1		Offense 2
Offense	Law (e.g. PL)		Law (e.g. PL)		Law (e.g. PL)		Law (e.g. PL)
	VICTIM / COMPLAINANT COPY		NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906		3221-03/2016 DCJS Copyright © 2016 by NYS DCJS		

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

IN COURT

10/16/17 FILING OFFICE OF PROTECTION

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☒ No

Strangled or "choked" you? ☐ Yes ☒ No

Beaten you while you were pregnant? ☐ Yes ☒ No

Is suspect capable of killing you or children? ☐ Yes ☒ No

Is suspect violently and constantly jealous of you? ☐ Yes ☒ No

Has the physical violence increased in frequency or severity over the past 6 months? ☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why:

Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

Supervisor (Print and Sign include Rank and ID#)

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

PERSO, JESSICA 6/12/85

I, PERSO, MICHAEL 3/26/84 (Victim/Deponent Name) state that on 10/24/2017 (Date)

at 1 KATE CT, FORT JEFFERSON (Location of incident) in the County/City/Town/Village

SUFFOLK of the State of New York, the following did occur: I WENT TO GET MY SON FROM SCHOOL BECAUSE I HAVE VISITATION TODAY AND MY WIFE, JESSICA PERSO 6/12/85, PICKED HIM UP SO I COULD NOT SEE HIM

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

Date

10/24/17

Date

Date

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

Page

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of

2

and Interpreter Service Provider Name

Yes ☒ No Interpreter Used ☐ Yes ☐ No

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

7/17/17 - Visitation exchange
11/11/17 - order of protection was vacated - not violated

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☒ No
 Strangled or "choked" you? ☐ Yes ☒ No
 Beaten you while you were pregnant? ☐ Yes ☒ No

Is suspect capable of killing you or children? ☐ Yes ☒ No
 Is suspect violently and constantly jealous of you? ☒ Yes ☐ No
 Has the physical violence increased in frequency or severity over the past 6 months? ☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why:

Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:

Reporting Officer (Print and Sign Include Rank and ID#)

Robert King Robert K RO 665/610/1

Supervisor (Print and Sign Include Rank and ID#)

Santa Carey Sgt. 094/610/4

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

Perso, Michael

I **Perso, Jessica** (Victim/Deponent Name) state that on **03/08/2018** (Date)

at **1 Kate Ct** (Location of incident) in the County/City/Town/Village

Port JEFF of the State of New York, the following did occur: **At approximately 11 o'clock today I set up a visitation exchange with Michael's father who is the visitation exchange supervisor. He did agree that he would be at the house at 5 o'clock to pick up Perso, Michael (10/21/14) in which he did not show up. I am requesting police documentation to prove that I did attempt to let Michael Perso (3/26/84) have his son today but Michael Perso (3/26/84) did not have his father pick his son up.**

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

Robert K RO 665/610/1

Witness or Officer Signature

Date

3/8/18

Date

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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Of

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Interpreter Signature and Interpreter Service Provider Name

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

Date

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NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906

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Case 19-cv-02858-JMA-SL Document 1-1 Filed 05/14/19 Page 1 of 1

Reported Date 03/08/2018 Time 1853 Occurred Date 03/08/2018 Time 1721

Name (Last, First, M.I.) (Include Aliases) Perso, Jessica Address 1 Kate Ct City, State, Zip Port Jefferson NY 11777

Name (Last, First, M.I.) (Include Aliases) Perso, Michael Address 32 William St City, State, Zip Port Jefferson Station NY 11776

Suspect (P2) Relationship to Victim (P1) Married Intimate Partner/Dating Formerly Married Former Intimate Partner

Emotional condition of VICTIM? Upset Nervous Crying Angry Other CALM

What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? He never showed up

Weapon Used? No Gun: No Other, describe: Access to Guns? No If yes, describe: Injured? No If yes, describe: In Pain? No If yes, describe: Strangulation? No Loss of Consciousness Urination/Defecation Red eyes/Petechia Sore Throat Breathing Changed Difficulty Swallowing Visible Marks? No If yes, describe:

Child/Witness (1) Name (Last, First, M.I.) Perso, Michael DOB 10/21/14 Child/Witness(1) Address (Street No., Name, Bldg./Apt) 1 Kate Ct City, State, Zip Port Jeff, NY 11777 Phone: Child/Witness (2) Name (Last, First, M.I.) DOB Child/Witness(2) Address (Street No., Name, Bldg./Apt) City, State, Zip Phone:

Briefly describe the circumstances of this incident: P1 reports that P2 was suppose to pick up C1 today at 5 o'clock in which there was an agreement with P2's dad was going to be there as well for the supervised visit. P1 reports that P2 did not show up to see C1. P1 is requesting police documentation because P1 states P2 says she does not let P2 see C1. P1 wants documentation for proof and does have text messages stating there was an agreement to pick C1 up at 5 o'clock. P1 states that P2's dad never showed up and that he usually shows up by himself to pick up C1.

* Pistol Check - Negative

DIR Repository checked? Yes No Order of Protection Registry checked? Yes No Order of Protection in effect? Yes No Refrain Stay Away

Evidence Present? Photos taken: Victim Injury Suspect Injury Other Evidence: Damaged Property Videos Destruction of Property? Yes No If yes, Describe: Offense Committed? Was suspect arrested? Yes No Offense 1 Law (e.g. PL) Offense 2 Law (e.g. PL)

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Agency: SCPD		New York State		UKI: 05161		Incident #	
Case 210-cv-02858-JMA-SIL		Domestic Violence		Filed 03/14/19		Page 58 of 93 Page ID # 33070	
Reported Date (MM/DD/YYYY)	Time (24 hours)	Occurred Date (MM/DD/YYYY)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint #
2/27/18	1814/900	2/27/18	1700	<input type="checkbox"/> ICAD (NYC)			607
Address (Street No., Street Name, Bldg. No., Apt No.)				City, State, Zip			
32 William St				Port Jefferson Sta NY 11772			
Name (Last, First, M.I.) (Include Aliases)				DOB (MM/DD/YYYY)	Age:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	
Perso, Michael				3/26/84	33	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Victim Phone Number:		Language:	
32 William St				5165129177		English	
City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
Port Jefferson station NY 11772				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Name (Last, First, M.I.) (Include Aliases)				DOB (MM/DD/YYYY)	Age:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	
Perso, Jessica				6/12/85	32	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Victim Phone Number:		Language:	
32 L Kate Ct				[REDACTED]		English	
City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
Port Jefferson NY 11776				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole	
						<input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input checked="" type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner						Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: _____							
Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: calm							
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? _____							
She denied my violation							
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:						Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:	
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide	
						<input type="checkbox"/> Other Describe:	
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation			
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing			
				Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
What did the SUSPECT say (Before and After Arrest): _____							
N/A							
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Child/Witness (1) Name (Last, First, M.I.)		DOB:	Child/Witness(1) Address (Street No., Name, Bldg./Apt)		City, State, Zip	Phone:	
Perso, Michael Jr		10/21/14	32 William St		Port Jeff Sta NY 11772		
Child/Witness (2) Name (Last, First, M.I.)		DOB:	Child/Witness(2) Address (Street No., Name, Bldg./Apt)		City, State, Zip	Phone:	
[REDACTED]			[REDACTED]		mc		
Briefly describe the circumstances of this incident: P1 reports him and his ex wife P2 share violation of their child CI and on today date P1 has violation at 5pm. P1 reports P2 did not show up refused violation. P1 wants police documentation for court purposes. P1 and P2 legally married but separated. Neg police permit. Neg orders of protection.							
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away							
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:	
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain:		Offense 1 _____ Law (e.g. PL) _____		Offense 2 _____ Law (e.g. PL) _____	
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NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906							
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Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):
Visitation dispute

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:
Threatened to kill you or your children? ☐ Yes ☒ No
Strangled or "choked" you? ☐ Yes ☒ No
Beaten you while you were pregnant? ☐ Yes ☒ No
Is suspect capable of killing you or children? ☐ Yes ☒ No
Is suspect violently and constantly jealous of you? ☐ Yes ☒ No
Has the physical violence increased in frequency or severity over the past 6 months? ☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why:
Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:
Reporting Officer (Print and Sign include Rank and ID#) *Michael Capelli* *A* *PO6307/610/2*
Supervisor (Print and Sign include Rank and ID#) *Thomas D. Kelly* *11306/10/2*

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I)

I _____ (Victim/Deponent Name) state that on ____ / ____ / ____ (Date)
at _____ (Location of incident) in the County/City/Town/Village _____
of the State of New York, the following did occur:
Refused

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature *[Signature]* Date *2/22/18*
Witness or Officer Signature *[Signature]* Date *2/22/18*
Interpreter Signature and Interpreter Service Provider Name _____
Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No Date _____

Note:
Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.
Page 1 Of 1

Agency: <u>SCPD</u>		A		New York State DOMESTIC INCIDENT REPORT		Incident # <u>17-627759</u>	
Incident	Reported Date (MM/DD/YYYY) <u>10/24/2017</u>	Time (24 hours) <u>1157</u>	Occurred Date (MM/DD/YYYY) <u>10/24/2017</u>	Time (24 hours) <u>1200</u>	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in
	Address (Street No., Street Name, Bldg. No., Apt No.) <u>1980 Portion Rd</u>					City, State, Zip <u>Farmingville NY 11739</u>	
Complaint # <u>605</u>							
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases) <u>Person 2</u>				DOB (MM/DD/YYYY) <u>6/12/1985</u>	Age: <u>32</u>	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
	Address (Street No., Street Name, Bldg. No., Apt No.) <u>1. Kati Ct.</u>				Suspect Phone Number: <u>-</u>		Language: <u>Eng</u>
	City, State, Zip <u>Port Jefferson NY</u>				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown
					<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:
	Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Suspect/P2 present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input checked="" type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner				Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole	
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative:				<input type="checkbox"/> Other:		Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Victim Interview	Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: <u>Calm</u>						
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? <u>I just want to see my KA today</u>						
	Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						
	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:				Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:		
	Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide		
Suspect	Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Loss of Consciousness <input type="checkbox"/> Urination/Defecation		
	In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing		
	What did the SUSPECT say (Before and After Arrest): <u>No Arrest</u>				Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		
	710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Briefly describe the circumstances of this incident: <u>Person 1 requests police assistance to pick up aban- doned son Michael Person 5. 10/21/19. Person 2 refused visitation from Person 1 due to recent psychological issues going on w/ Person 1 on Sunday October 15th and other past issues. Person 1 denies allegations and states he will return to family court to try and amend current order of protection. No crime committed. Pistol license check yielding negative result. Sgt. O'Donoghue on scene.</u>						
Incident Narrative	DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Refrain <input type="checkbox"/> Stay Away						
	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Other:		<input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		If yes, Describe:		
Offense	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Offense 1		Law (e.g. PL)
	If no, explain: <u>No crime</u>				Offense 2		Law (e.g. PL)
VICTIM / COMPLAINANT COPY				NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906		3221-03/2016 DCJS Copyright © 2016 by NYS DCJS	

New York State DOMESTIC INCIDENT REPORT		Incident #
Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)
17:14	10/24/2017	1800
Officer Initiated <input type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in <input type="checkbox"/>		Complaint #
ICAD (NYC) <input type="checkbox"/>		614
Address (Street No., Street Name, Bldg. No., Apt No.)		City, State, Zip
1 KATE CT.		1001 JEFFERSON NJ
Name (Last, First, M.I.) (Include Aliases)		DOB (mm/dd/yyyy)
1030 JESSICA		10/17/1986
Address (Street No., Street Name, Bldg. No., Apt No.)		Suspect Phone Number
1 KATE CT.		631-591-0021
City, State, Zip		Language
1001 JEFFERSON		ENL
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole
Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		<input type="checkbox"/> Not Supervised <input checked="" type="checkbox"/> Status Unknown
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner		Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative:		
Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:		
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? I WANT MY SON		
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:		
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		
What did the SUSPECT say (Before and After Arrest): N/A		
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Briefly describe the circumstances of this incident: PI IS ANNOYED WITH P2 NOT TURNING OVER ABOVE CHILD FOR VISITATION.		
PI WILL LICENSE, NEGATIVE SET ALFREDION SCENE		
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Refrain <input type="checkbox"/> Stay Away		
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:		
<input type="checkbox"/> Other:		
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Offense 1 Law (e.g. PL) Offense 2 Law (e.g. PL)		
If no, explain: NO OFFENSE		
VICTIM / COMPLAINANT COPY		
NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906 3221-03/2016 DCJS Copyright © 2016 by NYS DCJS		

Agency: <u>SCPD</u>		A		New York State DOMESTIC INCIDENT REPORT			Incident # <u>17624331</u>	
Incident	Reported Date (MM/DD/YYYY)	Time (24 hours)	Occurred Date (MM/DD/YYYY)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint # <u>614</u>
	<u>10/24/2017</u>	<u>1746</u>	<u>10/24/2017</u>	<u>1800</u>	<input type="checkbox"/> ICAO (NYC)			
Address (Street No., Street Name, Bldg. No., Apt No.) <u>1 KATE CT.</u>					City, State, Zip <u>10675 JEFFERSON, NJ</u>			
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases) <u>NESO, JESSICA</u>			DOB (MM/DD/YYYY) <u>10/12/1985</u>	Age: <u>32</u>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:		
	Address (Street No., Street Name, Bldg. No., Apt No.) <u>1 KATE CT.</u>			Suspect Phone Number <u>631-591-2021</u>		Language: <u>ENK</u>		
	City, State, Zip <u>10675 JEFFERSON</u>			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:		
	Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input checked="" type="checkbox"/> Status Unknown		
	Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:					Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Victim Interview	Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:							
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? <u>I WANT MY SON</u>							
	Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:				Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:			
	Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
Suspect	In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing			
	What did the SUSPECT say (Before and After Arrest): <u>N/A</u>				Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
	710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Incident Narrative	Briefly describe the circumstances of this incident: <u>P1 IS ANNOYED WITH P2 NOT TURNING OVER ABOVE CHILDED FOR VISITATION.</u>							
	<u>P2 GIVE LICENSE, NEGATIVE</u> <u>SENT AL FRIEDMAN SCENE</u>							
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away				
Evid	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:		
	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: <u>NO OFFENSE</u>		Offense 1	Law (e.g. PL)	Offense 2	Law (e.g. PL)	
VICTIM / COMPLAINANT COPY				NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906		3221-03/2016 DCJS Copyright © 2016 by NYS DCJS		

Agency: SEP		A		INCIDENT REPORT		18-174836	
Reported Date (mm/dd/yyyy)	Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint #
3/12/18		3/12/18		<input type="checkbox"/> ICAD (NYC)			607
Address (Street No., Street Name, Bldg. No., Apt No.)				City, State, Zip			
32 WILLIAM ST				PORT JEFF STATION			
Name (Last, First, M.I.) (Include Aliases)				DOB (mm/dd/yyyy)	Age:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	
PERSO, JESSICA				6/14/85	33	<input type="checkbox"/> Self-identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Suspect Phone Number:		Language:	
1 KATE CT				631-987-7175		CNC	
City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
PORT JEFF STATION				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole	
						<input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner				Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative:							
Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other: CALM							
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?							
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
Weapon Used? <input type="checkbox"/> Yes <input type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:				Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:			
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide			
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Other Describe:			
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation			
				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing			
				Visible Marks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
What did the SUSPECT say (Before and After Arrest):							
NOT AT I/L FOR PO INTERVIEW							
710.30 completed? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Briefly describe the circumstances of this incident: C. REQUESTS THAT SI DENIED HIM HIS SCHEDULED VISITATION WITH THEIR SON C. STATES THAT THIS IS AN ONGOING PROBLEM AND IS REQUESTING PD DOCUMENTATION OF INCIDENT NO ORDERS OF PROTECTION ON PERSO LIVING ON FELL							
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away							
Evidence Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:			
Offense Committed? Yes <input type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	Offense 1	Law (e.g. PL)	Offense 2	Law (e.g. PL)		

Agency: <u>B</u>	Incident # <u>100-100000</u>	Complaint # <u>100-100000</u>
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): <u>Initial exchange</u>		
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: () _____		
Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.		
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, Why: _____	Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, Why: _____	
Signatures: Reporting Officer (Print and Sign include Rank and ID#) <u>Sgt. [Signature]</u>		
Supervisor (Print and Sign include Rank and ID#) _____		
STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION		
* Officers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Last, First, MI) <u>100-100000</u>		
I, <u>[Signature]</u> (Victim/Deponent Name) state that on <u>4/1/19</u> , (Date) at <u>32 [Address]</u> (Location of incident) in the County/City/Town/Village <u>of the State of New York</u> , the following did occur: <u>[Handwritten Description]</u>		
(Use additional page as needed)		
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.		
Victim/Deponent Signature <u>[Signature]</u>	Date <u>4/1/19</u>	Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.
Witness or Officer Signature _____	Date _____	
Interpreter Signature and Interpreter Service Provider Name Interpreter Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date _____		
VICTIM / COMPLAINANT COPY		
NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906		
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Agency: <u>SCSD</u>	B	Incident # <u>18-170919</u>	Complaint # <u>6001</u>
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: () _____			
Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.			
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why: _____		Was Victim Rights Notice given to the Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why: _____	
Signatures: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">Reporting Officer (Print and Sign include Rank and ID#)</div> <div style="width: 48%;">Supervisor (Print and Sign include Rank and ID#)</div> </div>			
STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION			
* Officers are encouraged to assist the Victim in completing this section of the form.			
Suspect Name (Last, First, M.I.) _____			
I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date) at _____ (Location of incident) in the County/City/Town/Village _____ _____ of the State of New York, the following did occur: _____ <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>			
(Use additional page as needed)			
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.			
Victim/Deponent Signature _____ _____		Date <u>5/10/19</u> _____	
Witness or Officer Signature _____ _____		Date <u>5/12/19</u> _____	
Interpreter Signature and Interpreter Service Provider Name _____ Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No		Date _____	
VICTIM / COMPLAINANT COPY		NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906	

Note:
 Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

Page _____
 Of _____

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Agency: Case 2:19-cv-02858-JMA-SIL Document 1-1 Filed 05/14/19 Page 66 of 93 PageID #: 78		New York State DOMESTIC INCIDENT REPORT		15-105455		
Incident	Reported Date (mm/dd/yyyy)	Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)	<input type="checkbox"/> Officer Initiated <input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in	Complaint #
	5/15/18	17:15	5/15/18	17:15	<input type="checkbox"/> ICAD (NYC)	667
Address (Street No., Street Name, Bldg. No., Apt No.)				City, State, Zip		
32 William St				Rt. Jeff. Station NY 11726		
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)			DOB (mm/dd/yyyy)	Age:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
	Khalia Gellera			6/12/85	32	<input type="checkbox"/> Self-Identified:
	Address (Street No., Street Name, Bldg. No., Apt No.)			Suspect Phone Number:		Language:
	1 Rusk St			631 947 7175		English
	City, State, Zip			<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown
	Rt. Jeff. Station NY 11722			<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner						Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:						Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Victim Interview	Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:					
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?					
	She went let me see my son					
	Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:					
Suspect	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:			Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:		
	Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide		
	Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			<input type="checkbox"/> Other Describe:		
	In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation		
	What did the SUSPECT say (Before and After Arrest):			<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing		
N/A						Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Incident Narrative	Briefly describe the circumstances of this incident: PI reports P2. Father was applied to P2 CI to his home at 32 William St Rt. Jeff. Station on techy date at 5pm for supervised visitation but P2 told him not to. PI further reports that P2 denied him visitation with CI often. PI requests police report for documentation may order of protection may police permit.					
	DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away					
	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos	
	<input type="checkbox"/> Other:		<input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, Describe:	
	If no, explain:		Offense 1		Law (e.g. PL)	
	Offense 2		Law (e.g. PL)			
	VICTIM / COMPLAINANT COPY					
NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906						
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Violator Disput.

Incident	Agency: CCFB	A	DOMESTIC INCIDENT REPORT		18-12-100	
	Reported Date (mm/dd/yyyy): 2/13/18	Time (24 hours): 1430	Occurred Date (mm/dd/yyyy): 3/13/18	Time (24 hours): 1430	<input type="checkbox"/> Officer Initiated <input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in	Complaint #: 607
Address (Street No., Street Name, Bldg. No., Apt No.): PERRO, MICHAEL 32 WILLIAMS ST			City, State, Zip: PORT JEFF STATION			
Suspect (P2)	Name (Last, First, M.I.) (Include aliases): PERRO, JESSICA		DOB (mm/dd/yyyy): 6/11/95	Age: 32	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-identified:	
	Address (Street No., Street Name, Bldg. No., Apt No.): 1 KANE CT		Suspect Phone Number: 631-907-7175		Language: ENG	
	City, State, Zip: PORT JEFF STATION		<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:	
	Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	
Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown		Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:		
Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: CALM				
Victim Interview	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? I WAS ON MY POSITION AREA AND					
	Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:					
	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:			Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:		
	Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		
Suspect	In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		
	What did the SUSPECT say (Before and After Arrest): NO AT 1/K FOR PO INTERVIEW					
	710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Incident Narrative	Briefly describe the circumstances of this incident: C. IS REPORTING THAT HE WAS DENIED HIS SCHEDULED VISITATION WITH HIS SON. C. STATES THAT HE MADE SEVERAL ATTEMPTS TO CONTACT SI PERSONNEL TO VISITATION BUT HAS NOT BEEN ABLE TO GET IN. C. TOLD THAT HIS VISITATION WAS SCHEDULED FOR 4:30PM.					
DIR Repository checked? <input type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection Registry checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away		
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:	
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain:	Offense 1	Law (e.g. PL)	Offense 2	Law (e.g. PL)	

Agency: <u>CCRB</u>	B	Incident # <u>18-14111</u>	Complaint # <u>18-15111</u>
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): <u>PRIOR VIOLENCE AGAINST DEAR</u>			
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: () _____			
Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.			
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:		Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:	

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

Supervisor (Print and Sign include Rank and ID#)

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)
 at _____ (Location of incident) in the County/City/Town/Village _____
 of the State of New York, the following did occur:

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

Date

Witness or Officer Signature

Date

Interpreter Signature and Interpreter Service Provider Name

Date

*Requested ☐ Yes ☐ No Interpreter Used ☐ Yes ☐ No**Note:**

Whether or not this form
is signed, this DIR Form
will be filed with Law
Enforcement.

Page

1

Of

1

Agency: <u>SCAD</u>	B	Incident # <u>100-12345</u>	Complaint # <u>100-12345</u>
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): <u>2/27/11</u> <u>10/26/11</u> <u>12/11/11</u>			
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or local Domestic Violence Service Provider: ()			
Suspect ever:		Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "hoked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
at the NYS Child Abuse Hotline Registry # 1-800-635-1522.			
scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if NO, Why:		Was Victim Rights Notice given to the Victim? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if NO, Why:	
id (ID#)		Supervisor (Print and Sign include Rank and ID#)	

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

I, _____ (Victim/Deponent Name) state that on ____/____/____, (Date)
 at _____ (Location of incident) in the County/City/Town/Village _____
 of the State of New York, the following did occur:

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature: [Signature]
 Witness or Officer Signature: _____

Date: 3/2/16
 Date: _____

Interpreter Signature and Interpreter Service Provider Name: _____
 Interpreter Used ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

Date: _____

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

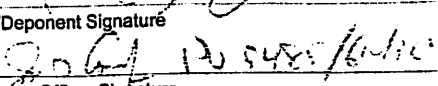
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 Of 2

Agency: A		New York State DOMESTIC INCIDENT REPORT		Complaint # 207							
Reported Date (mm/dd/yyyy)	Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)	<input type="checkbox"/> Officer Initiated <input type="checkbox"/> Radio Run <input type="checkbox"/> Walk-In							
				<input type="checkbox"/> ICAD (NYC)							
Address (Street No., Street Name, Bldg. No., Apt No.)				City, State, Zip							
						Name (Last, First, M.I.) (Include Aliases)		DOB (mm/dd/yyyy)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
						Address (Street No., Street Name, Bldg. No., Apt No.)		Suspect Phone Number:		Language:	
						City, State, Zip		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown			
								<input type="checkbox"/> American Indian <input type="checkbox"/> Other		Other Identifier:	
						Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:	Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole	
										<input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	
						Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner				Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:					
						Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other:					
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?											
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:											
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:				Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:							
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide							
				<input type="checkbox"/> Other Describe:							
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation							
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing							
Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:											
What did the SUSPECT say (Before and After Arrest):											
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
						Briefly describe the circumstances of this incident:					
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away											
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:							
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain:	Offense 1	Law (e.g. PL)	Offense 2	Law (e.g. PL)						

Agency: SCPA		A		New York State		DOMESTIC INCIDENT REPORT		18-25484	
Incident	Reported Date (mm/dd/yyyy)	Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-In	Complaint #	
	06/21/18	1155	06/21/18	1100	<input type="checkbox"/> ICAD (NYC)			12	
Address (Street No., Street Name, Bldg. No., Apt No.)					City, State, Zip				
DUNKIN DOUBTS 1195 BATTEN RD					FARMINGVILLE NY				
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)				DOB (mm/dd/yyyy)	Age	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		
	PERSON, JESSICA, A.				06/12/85	33	<input type="checkbox"/> Self-Identified:		
	Address (Street No., Street Name, Bldg. No., Apt No.)				Suspect Phone Number:		Language:		
	1 KITE CT				UNK				
	City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		
	PORT JEFFERSON NY				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:		
Victim Interview	Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole		
	Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input checked="" type="checkbox"/> Formerly Married <input checked="" type="checkbox"/> Former Intimate Partner				Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative:				Other: CHILD IN COMMON				
	Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: CALM								
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?									
MY EX DENIED VISITATION									
Suspect	Did suspect make victim fearful? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:								
	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:				Suspect Threats? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Threats to:				
	Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide				
	<input type="checkbox"/> Other Describe:								
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:									
Strangulation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation									
<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing									
Visible Marks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:									
What did the SUSPECT say (Before and After Arrest):									
HIT AT SCENE									
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Incident Narrative	Briefly describe the circumstances of this incident:								
	UNK. REPORTS THE DAY, HIS FATHER W' ALIVE, DID GO TO IL TO PICK UP HIS SON, W' FOR COURT ORDERED VISITATION. COMPL. REPORTS THE CHILD'S MOTHER, P2 DID NOT SHOW UP TO IL WITH THE CHILD AS ORDERED BY FAMILY COURT JUDGE (S) MORRIS ON 5/22/18 DOCKET # 09-1623-18. W' SPOKE TO W' ON THE PHONE WHO STATED HE WAS AT IL AND WAITED APPROX 20 MINS, AND P2 DID NOT ARRIVE.								
	P2 FOR FAMILY COURT DOCUMENTATION.								
	O-I IN EFFECT. NOT VIOLATED.								
NYS. FISHING LICENSE									
Evid	DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refrain <input checked="" type="checkbox"/> Stay Away				
	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:				
Offense	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:		Offense 1		Law (e.g. PL)		
					Offense 2		Law (e.g. PL)		
VICTIM / COMPLAINANT COPY			NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906			3221-03/2016 DCJS Copyright © 2016 by NYS DCJS			

Incident	Agency: A	DOMESTIC INCIDENT REPORT		Complaint # 19-154620	
	Reported Date (mm/dd/yyyy)	Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)	<input type="checkbox"/> Officer Initiated <input checked="" type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in <input type="checkbox"/> ICAD (NYC)
Address (Street No., Street Name, Bldg. No., Apt No.)			City, State, Zip		
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)		DOB (mm/dd/yyyy)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:
	Address (Street No., Street Name, Bldg. No., Apt No.)		Suspect Phone Number:		Language:
	City, State, Zip		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:
	Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown
Suspect (P2) Relationship to Victim (P1): <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:					Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Victim Interview	Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: calm				
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? She showed my numbers				
	Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				
	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:		Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:		
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
Suspect	What did the SUSPECT say (Before and After Arrest): N/A				
	710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Incident Narrative	Briefly describe the circumstances of this incident: A victim was called by a suspect who was threatening her. The victim called the police and the police arrived at the scene. The suspect was arrested and taken to the police station. The victim was interviewed and provided a statement. The suspect was released on bail.				
	DIR Repository checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Order of Protection Registry checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away				
Evid	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:	Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:	
	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain:	Offense 1	Law (e.g. PL)	Offense 2

Agency: <u>100</u>		A		New York State DOMESTIC INCIDENT REPORT		Incident # <u>17-622337</u>	
Reported Date (mm/dd/yyyy)	Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint # <u>614</u>
Address (Street No., Street Name, Bldg. No., Apt No.) <u>1 KATE ST</u>				City, State, Zip <u>10011 BROOKLYN, NY</u>			
Name (Last, First, M.I.) (Include Aliases) <u>EDD STANLEY</u>				DOB (mm/dd/yyyy) <u>6/12/1981</u>	Age <u>32</u>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.) <u>1 KATE ST</u>				Suspect Phone Number <u>631-591-0021</u>		Language <u>ENG</u>	
City, State, Zip <u>10011 BROOKLYN, NY</u>				<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:	
Do suspect and victim live together? <input type="checkbox"/> Yes <input type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Not Supervised <input checked="" type="checkbox"/> Status Unknown		
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:						Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:							
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? <u>I WANT MY SON</u>							
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:						Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:	
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing			
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
What did the SUSPECT say (Before and After Arrest): <u>N/A</u>							
710.30 completed? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Briefly describe the circumstances of this incident: <u>PI ANNOUNCED WITH P2 NOT TURNING OVER APPROPRIATE VISITATION</u>							
ALL LIVES - NEGATIVE AT ALFRED STONE							
DIR Repository checked? <input type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Order of Protection in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Refrain <input type="checkbox"/> Stay Away			
Evidence Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:		
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain:		Offense 1	Law (e.g. PL)	Offense 2	Law (e.g. PL)	

Agency: CEPD	B	18-174836	601
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): PRIOR DENIAL OF VISITATION			
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()			
Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.			
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:		Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:	
Signatures:			
Reporting Officer (Print and Sign include Rank and ID#)		Supervisor (Print and Sign include Rank and ID#)	
STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION			
* Officers are encouraged to assist the Victim in completing this section of the form.			
Suspect Name (Last, First, M.I.)			
I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)			
at _____ (Location of incident) in the County/City/Town/Village _____			
of the State of New York, the following did occur: _____			
<div style="transform: rotate(-45deg); font-size: 2em; opacity: 0.5;">NO STATEMENT</div>			
(Use additional page as needed)			
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.			
Victim/Deponent Signature 		Date 3/20/18	
Witness or Officer Signature		Date	
Interpreter Signature and Interpreter Service Provider Name		Date	
Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No			
VICTIM / COMPLAINANT COPY		NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906	
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Note:
 Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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 Of 1

Agency: <u>B</u>	Incident # <u>8-13470</u>	Complaint # <u>652</u>
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): <u>Victim's prior domestic incidents</u>		
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: () _____		
Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.		
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why: _____	Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why: _____	
Signatures: Reporting Officer (Print and Sign include Rank and ID#) <u>Michael Capelli 8642/610/2</u>		
Supervisor (Print and Sign include Rank and ID#) _____		
STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION		
* Officers are encouraged to assist the Victim in completing this section of the form.		
Suspect Name (Last, First, M.I.) _____		
I, _____ (Victim/Deponent Name) state that on ____/____/____, (Date)		
at _____ (Location of incident) in the County/City/Town/Village		
of the State of New York, the following did occur:		
<div style="font-size: 48px; transform: rotate(-45deg); opacity: 0.5;">Refused</div>		
(Use additional page as needed)		
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.		
Victim/Deponent Signature <u>[Signature]</u>	Date <u>2/2/18</u>	<div style="border: 1px solid black; padding: 5px;"> Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Page <u>1</u> Of <u>1</u> </div>
Witness or Officer Signature <u>[Signature]</u>	Date <u>2/2/18</u>	
Interpreter Signature and Interpreter Service Provider Name Interpreter Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date _____		
VICTIM / COMPLAINANT COPY		
NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906		
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Agency: <u>Scarsdale PD</u>	B	Incident # <u>18-752651</u>	Complaint # <u>109</u>
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): <div style="text-align: center; margin-top: 10px;"><u>Visitation Disputes</u></div>			
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: () _____			
Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.			
Was DiR given to the Victim at the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why: _____		Was Victim Rights Notice given to the Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why: _____	
Signatures: Reporting Officer (Print and Sign include Rank and ID#) <u>Det. Viola Posselt/6015</u> <u>Viola</u> Supervisor (Print and Sign include Rank and ID#) _____			
STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION * Officers are encouraged to assist the Victim in completing this section of the form.			
Suspect Name (Last, First, MI) _____			
I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date) at _____ (Location of incident) in the County/City/Town/Village _____ of the State of New York, the following did occur: _____ <div style="text-align: center; margin-top: 50px; font-size: 2em; transform: rotate(-30deg); opacity: 0.5;"> NO ALLEGATIONS / 12/30/18 </div>			
(Use additional page as needed)			
False Statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law.			
Victim/Deponent Signature <u>Viola Posselt/6015</u>		Date <u>12/30/18</u>	
Witness or Officer Signature _____		Date _____	
Interpreter Signature and Interpreter Service Provider Name _____		Date _____	
Interpreter Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<div style="border: 1px solid black; padding: 5px;"> Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement. </div>	
VICTIM / COMPLAINANT COPY		NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906	
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Incident	Agency: <u>New York State</u>		A		New York State DOMESTIC INCIDENT REPORT			Incident # <u>14-000000</u>	
	Reported Date (mm/dd/yyyy)	Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint # <u>14-000000</u>	
Address (Street No., Street Name, Bldg. No./Apt No.)					City, State, Zip				
[REDACTED]					[REDACTED]				
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)				DOB (mm/dd/yyyy)	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male		
	Address (Street No., Street Name, Bldg. No., Apt No.)				Suspect Phone Number:		Language:		
	City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		
					<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:		
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input checked="" type="checkbox"/> Parole	
Suspect (P2) Relationship to Victim (P1) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner								Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:									
Victim Interview	Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: <u>Nervous / calm</u>								
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?								
	<u>She did it again</u>								
	Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:								
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:					Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:				
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:					<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide				
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:					<input type="checkbox"/> Other Describe:				
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:					Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation				
					<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing				
What did the SUSPECT say (Before and After Arrest):					Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				
<u>N/A</u>									
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Incident Narrative	Briefly describe the circumstances of this incident:								
	<u>P1 stated we had arranged to pick up the car at 0900 hrs from P2 but when we arrived at the house P2 was not there. P1 called P2 and P2 said he was not home. P1 then called the police and they arrived at the house. P1 then called the police and they arrived at the house.</u>								
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refr.			
Evid	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos		Destruction of Property? If yes, Describe:		
	<input type="checkbox"/> Other:		<input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:						
Offense	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Offense 1		Law (e.g. PL)		
	If no, explain:						Offense 2		
VICTIM / COMPLAINANT COPY					NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906				
					3221-03/2016 DC.				

Agency: <u>SC170</u> Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): <u>IN COURT</u> If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: () _____ Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522. Was DIR given to the Victim at the scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if NO, Why: Was Victim Rights Notice given to the Victim? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if NO, Why:	Incident #: <u>17-620357</u> Complaint #: _____ Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Signatures: Reporting Officer (Print and Sign include Rank and ID#): <u>10/24/17 36732/610/1</u> Supervisor (Print and Sign include Rank and ID#): _____
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STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, MI) PERSO, JESSICA 6/12/86

I, PERSO, MICHAEL 3/26/84 (Victim/Deponent Name) state that on 10/12/17 (Date)
 at 1 KATE CT, 1001 BETHLEHEM (Location of incident) in the County/City/Town/Village
ALBANY of the State of New York, the following did occur: I DON'T GET ALONE FROM KILLING BECAUSE I HAVE TESTIMONY FROM MY WIFE, JESSICA PERSO, I DON'T KNOW HOW TO PROTECT HER

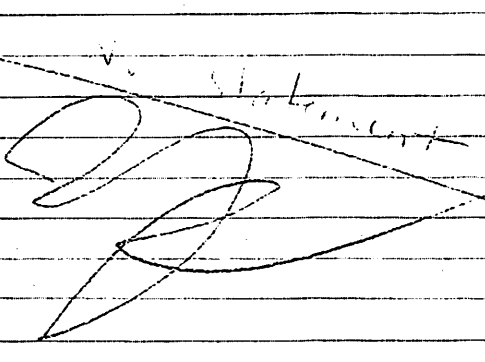
(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature: [Signature]
 Date: 10/24/17
 Witness or Officer Signature: [Signature]
 Date: 10/24/17
 Interpreter Signature and Interpreter Service Provider Name: _____
 Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No
 Date: _____

Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.	Page <u>2</u> Of <u>2</u>
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VICTIM / COMPLAINANT COPY NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906 3221-03/2016 DCJS Copyright © 2016 by NYS DCJS

Agency: <u>SOPD</u>	B	Incident # <u>19-219739</u>	Complaint # <u>003</u>
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): <u>None</u>			
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: () _____			
Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.			
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, Why: _____		Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If NO, Why: _____	
Signatures: <u>Delencanto PO 6756/6101</u>		Supervisor (Print and Sign include Rank and ID#)	
Reporting Officer (Print and Sign include Rank and ID#) <u>Delencanto PO 6756/6101</u>			
STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION			
* Officers are encouraged to assist the Victim in completing this section of the form.			
Suspect Name (Last, First, M.I.) <u>PERRO JESSICA</u>			
I _____ (Victim/Deponent Name) state that on ____/____/____, (Date)			
at _____ (Location of incident) in the County/City/Town/Village _____			
of the State of New York, the following did occur: _____			
			
(Use additional page as needed)			
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.			
Victim/Deponent Signature <u>[Signature]</u>		Date <u>04/17/2019</u>	
Witness or Officer Signature _____		Date <u>04/17/2019</u>	
Interpreter Signature and Interpreter Service Provider Name _____		Date _____	
Interpreter Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
VICTIM / COMPLAINANT COPY		NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906	
		3221- 03/2016 DCJS Copyright © 2016 by NYS DCJS	

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

Page

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Of

2

Incident		A DOMESTIC INCIDENT REPORT		Complaint	
Agency: <u>112</u>	Reported Date (mm/dd/yyyy) <u>05/12/2018</u>	Time (24 hours) <u>2:20</u>	Occurred Date (mm/dd/yyyy) <u>05/09/2018</u>	Time (24 hours) <u>2:44</u>	<input type="checkbox"/> Officer Initiated <input type="checkbox"/> Radio Run <input type="checkbox"/> Walk-in <input type="checkbox"/> ICAD (NYC)
Address (Street No., Street Name, Bldg. No., Apt No.) <u>111 William St</u>				City, State, Zip <u>Brooklyn Station NY 11276</u>	
Name (Last, First, M.I.) (Include Aliases) <u>John Doe</u>		DOB (mm/dd/yyyy) <u>01/17/1985</u>	Age: <u>33</u>	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-identified:	
Address (Street No., Street Name, Bldg. No., Apt No.) <u>111 William St</u>		Suspect Phone Number: <u>631-591-2021</u>		Language: <u>ENG</u>	
City, State, Zip <u>Brooklyn NY 11277</u>		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:	
Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown			
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:				Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Other: <u>calm</u>					
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? <u>he went to girl body</u>					
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:					
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:				Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:	
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:					
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing	
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	
What did the SUSPECT say (Before and After Arrest):					
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Briefly describe the circumstances of this incident: <u>...he was, once documentation ...</u> <u>...the house last night ...</u> <u>...documentation ...</u> <u>...that he was ...</u> <u>...documentation ...</u>					
DIR Repository checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away					
Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:	
Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain:		Law (e.g. PL) <u>---</u>	
Offense 1 <u>---</u>		Offense 2 <u>---</u>		Law (e.g. PL) <u>---</u>	

Agency: B	Incident # 10-790704	Complaint # 100		
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>				
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> <td style="width:50%; vertical-align: top;"> Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> </table>			Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.				
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:		Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:		
Signatures: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> Reporting Officer (Print and Sign include Rank and ID#) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </td> <td style="width:50%; padding: 5px;"> Supervisor (Print and Sign include Rank and ID#) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> </td> </tr> </table>			Reporting Officer (Print and Sign include Rank and ID#) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	Supervisor (Print and Sign include Rank and ID#) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Reporting Officer (Print and Sign include Rank and ID#) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	Supervisor (Print and Sign include Rank and ID#) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>			

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I)

I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)
 at _____ (Location of incident) in the County/City/Town/Village _____
 of the State of New York, the following did occur: _____

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature _____ Date _____	Witness or Officer Signature _____ Date _____
Interpreter Signature and Interpreter Service Provider Name _____ Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	

Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.	Page _____ Of _____
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Agency: <u>9 PD</u> Incident #: <u>607</u> Complaint #: <u>19-232058</u>	B			
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): <u>normal domestic dating</u>				
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: () _____				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> <td style="width:50%; vertical-align: top;"> Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> </table>			Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.				
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why: _____		Was Victim Rights Notice given to the Victim? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if NO, Why: <u>refused</u>		
Signatures: Reporting Officer (Print and Sign include Rank and ID#) <u>Waller PO 6389/kml</u>				
Supervisor (Print and Sign include Rank and ID#) 				
STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION				
* Officers are encouraged to assist the Victim in completing this section of the form.				
Suspect Name (Last, First, M.I.) <u>Perse, Trevis</u>				
<u>100 West 100th</u> (Victim/Deponent Name) state that on <u>04/24/19</u> , (Date) at <u>32 William St</u> (Location of incident) in the County/City/Town/Village <u>Southaven</u> of the State of New York, the following did occur: <u>At 5:45 pm I received a text message from my wife (we are in a custody battle) who I am not permitted to contact, through her mother's cell phone. She texted stating my mother could pick me up on at 6:30pm and some other things. Jessica never called to my mother's phone call and she didn't follow through on the visit. I'm afraid she is trying to get me up by texting me and then have me arrested if I respond, which she has done in the past.</u>				
(Use additional page as needed)				
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.				
Victim/Deponent Signature <u>[Signature]</u> Witness or Officer Signature <u>PO 6389/kml</u>	Date: <u>4/24/19</u> Date:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"> Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement. </td> <td style="width:20%; text-align: center;"> Page <u>2</u> of <u>2</u> </td> </tr> </table>	Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.	Page <u>2</u> of <u>2</u>
Note: Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.	Page <u>2</u> of <u>2</u>			
Interpreter Signature and Interpreter Service Provider Name Interpreter Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Date: _____				
VICTIM / COMPLAINANT COPY NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906 3221-03/2016 DCJS Copyright © 2016 by NYS DCJS				

Agency: Case 2:19-cv-02858-JMA-SIL		A		DOMESTIC INCIDENT REPORT		PageID #: 101	
Reported Date (mm/dd/yyyy)	Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint #
04/24/19	2203	04/24/19	1843	<input type="checkbox"/> ICAD (NYC)			19-232058
Address (Street No., Street Name, Bldg. No., Apt No.)				City, State, Zip			
32 William St				Port Jeff Sta NY 11776			
Name (Last, First, M.I.) (Include Aliases)				DOB (mm/dd/yyyy)	Age:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	
Perez, Jessica				06/17/85	34	<input type="checkbox"/> Self-Identified:	
Address (Street No., Street Name, Bldg. No., Apt No.)				Suspect Phone Number:		Language:	
1 Kate Ct				631-591-2021		English	
City, State, Zip				<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
Port Jeff NY 11777				<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:	
Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole	
						<input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner						Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Other: _____							
Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other: UPSET & SCARED							
What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?							
She asked me							
Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:							
Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input type="checkbox"/> No Other, describe:				Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:			
Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide			
				<input type="checkbox"/> Other Describe:			
Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation			
In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing			
				Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:			
What did the SUSPECT say (Before and After Arrest):							
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Briefly describe the circumstances of this incident: P1 Reports Receiving a text message from P2 via her mother's cell phone (Janet Perez, 631-258-5172. P1 wants documentation due to the fact there is a order of protection (Petitioner + Sic. # 0-07625-18 from Judge Philip Gargano and expires 5/19/19. P1 is concerned that he is being set up for an arrest. P2 is the respondent in said order of protection. P1							
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away							
Evidence Present?	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other:	<input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other: Text		If yes, Describe:			
Offense Committed?	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Offense 1	Law (e.g. PL)	Offense 2	Law (e.g. PL)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no, explain:						

Agency: B	Incident #: 18-269793	Complaint #: 227
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First): <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		
If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()		
Has Suspect ever: Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is suspect capable of killing you or children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is suspect violently and constantly jealous of you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.		
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:		Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

Supervisor (Print and Sign include Rank and ID#)

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

I, [Signature] (Victim/Deponent Name) state that on 05/10/2018, (Date)
 at [Location] (Location of incident) in the County/City/Town/Village [Location]

of the State of New York, the following did occur:

I am requesting police
to come to my home at my friend's house at
1000 1st Ave. 10th floor, New York, NY 10017
at my home
and I am requesting a text to my phone with
the police number.

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

Date

Witness or Officer Signature

Date

Interpreter Signature and Interpreter Service Provider Name

Date

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No**Note:**

Whether or not this form
 is signed, this DIR Form
 will be filed with Law
 Enforcement.

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of

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VICTIM / COMPLAINANT COPY

NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906

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Agency:

B

Incident #

Complaint #

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

Prior History

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☒ NoStrangled or "choked" you? ☐ Yes ☒ NoBeaten you while you were pregnant? ☐ Yes ☒ No

Is suspect capable of killing you or children?

☐ Yes ☒ No

Is suspect violently and constantly jealous of you?

☐ Yes ☒ No

Has the physical violence increased in frequency or severity over the past 6 months?

☐ Yes ☒ NoIs there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☒ Yes ☐ No if NO, Why:Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

Supervisor (Print and Sign include Rank and ID#)

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I.)

I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)

at _____ (Location of incident) in the County/City/Town/Village _____

of the State of New York, the following did occur: _____

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

Date

Witness or Officer Signature

Date

Interpreter Signature and Interpreter Service Provider Name

Date

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906

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Agency: Case 2:19-cv-02858-JMA-SIL Document 1-1 Filed 05/14/19 Page 92 of 93 PageID #: 104		New York State		A		DOMESTIC INCIDENT REPORT		Incident #	
Incident	Reported Date (mm/dd/yyyy)	Time (24 hours)	Occurred Date (mm/dd/yyyy)	Time (24 hours)	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint #	
	5/12/2019	11:34	5/12/2019	11:34	<input type="checkbox"/> ICAD (NYC)				
Address (Street No., Street Name, Bldg. No., Apt No.)							City, State, Zip		
32 NY 10016		
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases)				DOB (mm/dd/yyyy)	Age:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male		
	Address (Street No., Street Name, Bldg. No., Apt No.)				Suspect Phone Number:		Language:		
	City, State, Zip				<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		
					<input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Other Identifier:		
	Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner							Do the suspect and victim have a child in common? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:									
Victim Interview	Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:								
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident?								
	Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:								
	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:						Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to:		
	Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:						<input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide		
Suspect	Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation				
	In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing				
	What did the SUSPECT say (Before and After Arrest):				Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				
Not present									
710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Incident Narrative	Briefly describe the circumstances of this incident:								
DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away			
Evid	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		<input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		If yes, Describe:			
Offense	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Offense 1		Law (e.g. PL)		Offense 2	
	If no, explain:	If no, explain:						Law (e.g. PL)	
VICTIM / COMPLAINANT COPY			NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906			3221-03/2016 DCJS Copyright © 2016 by NYS DCJS			

*** Officers are encouraged to assist the Victim in completing this section of the form.**

PELBO, JESSICA A

I _____ (Victim/Deponent Name) state that on ____ / ____ / ____, (Date)
at _____ (Location of incident) in the County/City/Town/Village _____
of the State of New York, the following did occur: _____

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

6433600/201

Date _____

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

Date _____

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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